# CollegeChoice Advisor 529 Savings Plan Account Information Change Form

# CollegeChoiceAdvisor

- Any of the following can be changed online or by completing this form: your name, mailing address, phone number, email address, Successor Account Owner, or interested party information.
- If you are changing your name, your former signature and your new signature must be guaranteed in **Section 8** by an authorized officer of a bank, broker, or other gualified financial institution.
- If you are changing the Account Owner of an existing Account, your signature must be guaranteed in Section 8 by an authorized officer of a bank, broker, or other qualified financial institution and the new Account Owner must attach an Enrollment Form.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.collegechoiceadvisor529.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

**CollegeChoice Advisor 529 Savings Plan** P.O. Box 219354 Kansas City, MO 64121

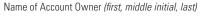
For overnight delivery or registered mail, send to:

**CollegeChoice Advisor 529 Savings Plan** 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

# **Current Account Owner information**

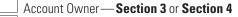
Account Number(s) (To list more than three Accounts, use a separate sheet.)







## Information to update or change

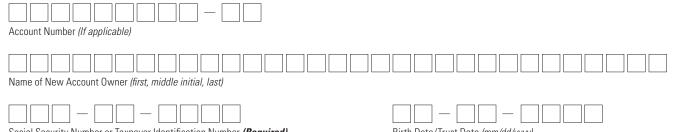


- Successor Account Owner—Section 5
- Interested Party—Section 6

• If yo	u are	chan	ging	you	r nar	ne,	you r	nust	also	o pr	ovid	le a s	sigi	natu	re g	juar	ante	ee i	in S	ect	ion	8.							
Name o	f Accou	unt Ow	/ner (f	irst, ı	niddl	e init	ial, la	st)																					
		] —				] —																							
Telepho	ne Nur	nber																											
	L ddress																												
Email A																													
Perman	ent Str	eet Ad	dress	(P.O.	box	is <b>no</b>	t acce	] ptab	] le.)																				
	ent Str	eet Ad	dress	(P.O.	box	] [		ptab	] le.)											]									
Perman	ent Str	eet Ad	dress	(P.O.	box	]	<b>t</b> acce	ptab	] !e.)																		]	-	
	ent Str	eet Ad	dress	(P.O.	box	] [] [] []	 	] [ ptab. ] [	] ]										Stat	] []		[ 	ip Co				]	-	
Perman	ent Str	] eet Ad	dress	(P.O.	box	] []	] t acce	] [] [] []	] []										Stat	] ] e		[ 	ip Co	 ode			]	-	

#### **Transfer assets to new Account Owner** 4.

- This will transfer ownership of all of the assets in the referenced Account to the new Account Owner listed below.
- The new Account Owner will control the Account and the disposition of all assets held in the Account.
- The new Account Owner must also complete an Enrollment Form.



Social Security Number or Taxpayer Identification Number (Required)

Birth Date/Trust Date (mm/dd/yyyy)

# 5. Successor Account Owner information

- Complete this section only if you are adding, changing, or removing Successor Account Owner information on your Account.
- You may revoke or change the Successor Account Owner at any time. See the CollegeChoice Advisor Disclosure Statement for more information.
- The person you designate as Successor Account Owner must be at least 18 years old.

#### Check one.

Add	Change	Delete
Name of Successor Accou	nt Owner (first, middle initial,	last)
Birth Date (mm/dd/yyyy)		

#### 6.

### Interested party information

• Complete this section if you want additional persons as an interested party to receive quarterly account statements on the Account or if you are replacing or changing interested party information on your Account. To add or change information for more than one interested party, use a separate sheet.

# Check one.

Add	Replace int	terested party	Change curr	ent information		Delete
Name (first, middle initial, la	ast)					
Address						
City				State Zip	) Code	
Telephone Number				Relationship to Acc	count Owner	



**Signature** — **YOU MUST SIGN BELOW** (However, if you are changing your name or transferring ownership of your account to a new account owner, skip this section and complete **Section 8** instead.)

I certify that the information provided herein is true and complete in all respects. I certify that I have read and understand, consent, and agree to all the terms and conditions of the CollegeChoice Advisor Disclosure Statement.

0	$\sim$			 -			-
~	14	P	U.			K.	-
0	U.		M		۰L		

Signature of Account Owner

	]	
Date (mm/dd/yyyy)		

# 8. Signature Guarantee — REQUIRED FOR NAME CHANGES AND CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You must have your signature guaranteed with a Medallion Signature Guarantee. You can obtain a signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.

I certify that the information provided herein is true and complete in all respects.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Account Owner (For name change only.)	
Current Signature of Account Owner	
Signature of Guarantor	
Title	
Name of Institution	

Date (mm/dd/yyyy)