

**CollegeChoiceAdvisor**  
529 SAVINGS PLAN

- Forms can be downloaded from our website at **[www.collegechoiceadvisor529.com](http://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.

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

## Telephone Number

☐ Account Owner—**Section 3** or **Section 4**

☐ Successor Account Owner—**Section 5**

☐ Interested Party—**Section 6**

### 3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor) Account.
- If you are changing your name, you must also provide a signature guarantee in **Section 8**.

[illegible]

Name of Account Owner (first, middle initial, last)

$\square\square\square - \square\square\square - \square\square\square\square$

Telephone Number

[illegible]

Email Address

[illegible]Permanent Street Address (P.O. box is **not** acceptable.)

-

City

State

Zip Code

[illegible]

Account Mailing Address if different from above (This address will be used as the Account's address of record and for all Account mailings.)

\_\_\_\_\_ - \_\_\_\_\_

City

State

Zip Code

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

- 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**.

□ □ □ □ □ □ □ □ □ □ — □ □

Account Number (If applicable)

[illegible]

Name of New Account Owner (first, middle initial, last)

$$\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}} - \boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}\boxed{\phantom{0}}$$

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.**

[illegible]

## 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.**

[illegible]

**7. 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.

SIGNATURE

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

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)

Authorized Officer to place stamp here