CollegeChoice Advisor 529 Savings Plan

Account Information Change Form

CollegeChoice Advisor

- 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

1.	Current Account Owner information
	Account Number(s) (To list more than three Accounts, use a separate sheet.)
	Name of Account Owner (first, middle initial, last)
	Telephone Number
2.	Information to update or change
	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. 										
Name of Account Owner (first, middle initial, last)										
Telephone Number										
Email Address										
Permanent Street Address (P.O. box is not acceptable.)										
City State Zip Code										
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										
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)										
Name of New Account Owner (first, middle initial, last)										
Social Security Number or Taxpayer Identification Number (<i>Required</i>) Birth Date (<i>Imm/dd/ww</i>)										

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 Account Owner (first, middle initial, last)							
	Birth Date (mm/dd/yyyy)							
5 .	Interested party information							
	 Complete this section if you want additional persons as an interested party to receive quarterly account statements or if you are replacing or changing interested party information on your Account. To add or change information for mo interested party, use a separate sheet. 							
	Check one.							
	Add Replace interested party Change current information Dele	ete						
	Name (first, middle initial, last)							
	Address							
	City State Zip Code							
	Telephone Number Relationship to Account 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.)						
	y that the information provided herein is true and complete in gree to all the terms and conditions of the CollegeChoice Advi						
SIG	NATURE						
Signatu	re of Account Owner		Date (mm/dd/yyyy)				
	ature Guarantee — REQUIRED FOR NAME CHA N EXISTING ACCOUNT ONLY	NGES AND	CHANGES TO THE ACCOUNT OWNER				
• You	must provide the following information as underwritten certi	fication that the	new signature is genuine.				
from	• 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 certif	I certify that the information provided herein is true and complete in all respects.						
SIG	NATURE		Authorized Officer to place stamp here				
Former	Signature of Account Owner (For name change only.)						
Current	Signature of Account Owner						
Signatu	re of Guarantor						
Title							
Name o	fInstitution						
Date (m							