Indiana529 Advisor Savings Plan

Broker Dealer/RIA Change Request Form

Indiana529 Advisor Savings Plan

- Please complete this form to authorize the change of the financial advisory firm listed on your Indiana529 Advisor Savings Plan (Indiana529 Advisor) Account.
- Investments may be made through Financial Porfessionals that have entered into a selling agreement with Ascensus.
- 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.indiana529advisor.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. E.T. Terms used in this form not otherwise defined, have the same meaning as those terms used in the Indiana529Advisor Savings Plan Disclosure Booklet (Disclosure Booklet).

Return this form and any other required documents to:

Indiana529 Advisor Savings Plan
P.O. Box 219354
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

Indiana529 Advisor Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account information

This change applies to:

☐ All of my Accounts ☐ List of Accounts attached ☐ Only the Account listed below

Note: Regardless of the option you select, complete **Section 1**.

Account Number

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

2. New Financial Professional information *(To be completed by the Financial Professional.)*

☐ I certify that I am a Registered Investment Advisor

Firm Name

Financial Professional Name *(first, middle initial, last)*

Branch Number *(if applicable)*

Advisor ID Number/IRD Number

BIN Number *(if applicable)*

Matrix Level

Mailing Address

City

State

Zip Code

Telephone Number

* I N ADV BD INFO CHG *

3. Share Class Update

If changing the Financial Professional also requires an update to the share class of the Account(s), please complete this section.

- Some firms utilize a special share class for all clients; however, the Account's future contribution share class settings will not be changed unless we are instructed to do so.
- Instructions below will only change the share class for all future contributions. For future contribution allocations, we will use the existing allocation percentage instructions on file for the original share class. You can make allocation changes for future contributions online, separately in writing, or by phone.
- If this section is left blank, we will use the existing allocation percentage instructions on file for the original share class.

☐ A Class

☐ C Class

☐ I Class

☐ Advisor Class (ONLY for RIA fee-based firms.).

4. SIGNATURE — MUST SIGN BELOW

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

SIGNATURE

Signature of Account Owner

__ __ – __ __ – __ __ __ __
Date *(mm/dd/yyyy)*

SIGNATURE

Signature of Financial Professional

__ __ – __ __ – __ __ __ __
Date *(mm/dd/yyyy)*