Indiana529 Advisor Savings Plan

Indiana*529*

Advisor Savings Plan

Account Information Change Form

- 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 qualified 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.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.

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.	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			

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3. Updated Account Owner information

Indiana529 Advisor Savings Plan (Indiana529 Advisor) Account. If you are changing your name, you must also provide a Medallion Signature Guarantee in Section 8. Name of Account Owner (first, middle initial, last) Work/Day Telephone Number Home/Eve 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 Zip Code State **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 (Required) Birth Date (mm/dd/yyyy)

• If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your

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 Indiana529 Advisor Disclosure Statement for more information.

	• The person you designate as Successor Account Owner must be at least 18 years old.				
	Check one.				
	Add Delete Delete				
	Name of Successor Account Owner (first, middle initial, last)				
	Birth Date (mm/dd/yyyy)				
e .	Interacted party information				
0.	 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 interested party Change current information Delete				
	Name (first, middle initial, last)				
	Address				
	City State Zip Code				
	Telephone Number Relationship to Account Owner				
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 Indiana529 Advisor Disclosure Statement.				
	SIGNATURE				
	Signature of Account Owner Date (mm/dd/yyyy)				

8. Medallion 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 stemp here
Former Signature of Account Owner (For name change only.)	Authorized Officer to place stamp here
Current Signature of Account Owner	
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Signature of Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

Note: Medallion Signature Guarantee cannot be faxed to Indiana529.