

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 529 Direct Savings Plan Account.
- If you are changing your name, you must also provide a signature guarantee in **Section 8**.

[Grid of 26 boxes for name input]

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

[Grid of 15 boxes for telephone number]

Telephone Number (In case we have a question about your Account.)

[Grid of 30 boxes for email address]

Email Address

[Grid of 30 boxes for permanent street address]

Permanent Street Address (P.O. is **not** acceptable.)

[Grid of 15 boxes for city, 2 boxes for state, 5 boxes for zip code]

City

State

Zip Code

[Grid of 30 boxes for mailing address]

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

[Grid of 15 boxes for city, 2 boxes for state, 5 boxes for zip code]

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**.

[Grid of 12 boxes for account number]

Account Number (If applicable)

[Grid of 26 boxes for new account owner name]

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

[Grid of 15 boxes for social security number]

Social Security Number or Taxpayer Identification Number (**Required**)

[Grid of 8 boxes for birth date/trust date]

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 529 Direct Plan Disclosure Statement for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

Check one. Add Change DeleteName of Successor Account 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 interested party Change current information DeleteName (*first, middle initial, last*)

Address

City

State

 —

Zip Code

 — — Telephone Number (*In case we have a question about your Account.*)

Relationship to Account Owner

7. Signature — YOU MUST SIGN BELOW (However, if you are changing your name or transferring ownership of your Account(s) 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, and that I have read and understand, consent, and agree to all the terms and conditions of the 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 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.
- **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

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 Statement.

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

Large empty rectangular box for stamp.