Indiana529 Direct Savings Plan

Indiana529

Direct 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.indiana529direct.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. E.T.

Return this form and any other required documents to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

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

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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 Indiana529 Direct Savings Plan 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 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 (Required) Birth Date (mm/dd/yyyy) **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 Direct Savings Plan Disclosure Statement for more information. The person you designate as Successor Account Owner must be at least 18 years old. Check one. Add Delete Change Name of Successor Account Owner (first, middle initial, last) Birth Date (mm/dd/yyyy)

6. Interested party information

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Note: Medallion Signature Guarantee cannot be faxed to CollegeChoice 529.

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