KY Saves 529

Profile Change Form

KY Saves 529

- Use this form to change: your name, address, phone number, email address, Successor Account Owner, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- If you are changing your name you must provide either a legal document such as a copy of a Marriage Certificate, court document, or copy of a Social Security card; or have your former signature and your new signature Medallion Signature Guaranteed in **Section 9** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner of an existing Account, you must complete the **Transfer Form**.
- If you are changing the Beneficiary, you must complete the **Transfer 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 listed. Do not staple.

Forms can be downloaded from our website at **kysaves.com**, or you can call us to order any form — or request assistance in completing this form — at **1.877.598.7878**, Monday through Friday from 8 a.m. to 8 p.m. ET.

1.877.598.7878
Monday to Friday 8 a.m. - 8 p.m. ET

kysaves.com

clientservice@kysaves.com

FAX **1.617.559.8939**

Regular mailing address:
KY Saves 529
P.O. Box 56014
Boston, MA 02205-6014

Overnight mailing address:
KY Saves 529
95 Wells Ave, Suite 155
Newton, MA 02459

1 Current Account Owner Information

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Account Number(s) *(To list more than six Accounts, use a separate sheet.).*

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

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Telephone Number

2 Information to Update or Change

☐ **Account Owner — Section 3**

☐ **Beneficiary—Section 4**

☐ **Successor Owner — Section 5**

☐ **Interested Party — Section 6**

☐ **Trusted Contact Person – Section 7**

KY PROFILE CHG

3 Updated Account Owner Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your KY Saves 529 Account.
- If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

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

Permanent Street Address *(P.O. boxes are **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 for all Account mailings.)*

City | State | Zip Code

Primary Telephone Number | Secondary Telephone Number

Email Address

4 Beneficiary Information

- If you are changing your beneficiary name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.
- If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing the Beneficiary, you must submit a new **Enrollment Form** and a **Transfer Form**.

Name of Beneficiary *(first, middle initial, last)*

Beneficiary Social Security or Taxpayer Identification Number | Beneficiary Birth Date *(mm/dd/yyyy)*

Mailing Address

City | State | Zip Code

Primary Telephone Number | Secondary Telephone Number

5 Successor Account Owner Information

- Complete this section only if you are adding, replacing, changing information, or removing Successor Account Owner information on your Account. The Successor Account Owner will become the Account Owner upon death of the original Account Owner.
- You may revoke or change the Successor Account Owner at any time. See the KY Saves 529 Program Description for more information.
- The person you designate as Successor Account Owner must be at least 18 years old or can be a trust.
- You may only designate one Successor Account Owner per beneficiary.
- The Successor Account Owner will not receive quarterly statements.

Check one.

☐ Add New ☐ Replace/Update Existing ☐ Delete

Name of Successor Account Owner *(first, middle initial, last or trust name)*

Social Security or Taxpayer Identification Number

Birth Date/Trust Date *(mm/dd/yyyy)* ***(Required)***

Mailing Address *(Include apartment or box number, if applicable)*

City State Zip Code

6 Interested Party Information

- Complete this section if you want additional persons as an Interested Party to receive quarterly 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 copy of this page.

Check one.

☐ Add ☐ Replace/Update Existing ☐ Delete

Name of Interested Party *(first, middle initial, last)*

Address

City State Zip Code

Telephone Number

Relationship to Account Owner.

☐ Compliance* ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

*If you are employed by a Financial Services Firm you may be required to send duplicate account statements and account transaction confirmations to your employer's compliance department.

7 Trusted Contact Person Information

- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize KY Saves 529 and its present and future direct and indirect subsidiaries, affiliates, successors and assigns KY Saves 529 to contact your Trusted Contact Person and disclose information about your Plan account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This form does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

☐ Add ☐ Remove ☐ Change

Name of Trusted Contact Person *(first, middle initial, last)*

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Secondary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City State Zip Code

Relationship to Account Owner.

(e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

8 SIGNATURE — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my KY Saves 529 Account(s). This information replaces any existing information on file with Ascensus College Savings Recordkeeping Services, LLC. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner, I certify that the Successor Account Owner Social Security Number provided is correct, and that the Successor Account Owner is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

9 Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion 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 Medallion Signature Guarantee.**
- If a Medallion Signature Guarantee is needed you cannot fax in this form.
- Please call KY Saves 529 at **1.877.598.7878** if you have any questions concerning this process.

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 KY Saves 529 Program Description.

SIGNATURE

Former Signature of Account Owner *(In the presence of the authorized officer.)*

SIGNATURE

Current Signature of Account Owner *(In the presence of the authorized officer.)*

Signature of Guarantor

Title

Name of Institution

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Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

ascensus®
Always have a plan