KY Saves 529 **Profile Change Form**



- 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 gualified 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**. ۲
- 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 **1.855.840.4855**, Monday through Friday from 8 a.m. to 8 p.m. ET.

	1.855.840.4855 Monday to Friday 8 a.m 8 p.m. ET
K	kysaves.com
\succeq	clientservice@kysaves.com
FAX	1.617.559.8939
KY S P.O.	lar mailing address: aves 529 Box 56014 on, MA 02205-6014
KY S 95 W	night mailing address: aves 529 Yells Ave, Suite 155 rton, MA 02459

1.	Current Account Owner Information		
	Account Number(s) <i>(To list more than six Accounts, use a separate sheet.).</i>		
	Name of Account Owner (first, middle initial, last)		
	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





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 <i>(This address will be used as the Account's address address will be use</i>	In the second for all Account mailings.)
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number
Email Address	



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 <i>(mm/dd/yyyy)</i>
Mailing Address	
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number

DO NOT STAPLE

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/Tr	ust Date <i>(mm/dd/yyyy)</i> (Required)
Mailing Address (Include ap	artment 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 <i>(firs</i>	st, middle initial, last)		
Address			
City		State Zip Code	
Telephone Number			
Relationship to Acco	unt Owner.		
Compliance*	Investment Advisor	Parent/Guardian Other	
*If you are employed by a Fin	ancial Services Firm you may be required to cond d	inligate account statements and account transaction confirmations to your	

*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.

DO NOT STAPLE

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 Conta	ct Person <i>(first, middle initial,</i>	last)					
Trusted Contact Person	's Primary Telephone Number			Trusted Contac] — t Person's Secondar	y Telephone Number	
Trusted Contact Person	's Email Address						
Trusted Contact Person	's Mailing Address						
City				State	Zip Code]	
Relationship to A	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)	

Authorized Officer to place stamp here

DO NOT STAPLE

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 1.855.840.4855 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

Date (<i>mm/dd/yyyy</i>)	