

4. Update Designated Beneficiary's Information

- Complete this section only if you are changing or updating the Designated Beneficiary's name or address on your Account. If you are changing the beneficiary's name, please attach a certified copy of the legal documentation to support the change or provide a signature guarantee in **Section 7**.
- Complete a **Designated Beneficiary Change Form** if you are changing the Designated Beneficiary.

Designated Beneficiary's Name (first, middle initial, last)

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

City

State

Zip Code

5. Successor Account Owner/Successor Responsible Individual Information

- Complete this section only if you are adding, changing, or removing the Successor Account Owner/Successor Responsible Individual information on your Account.
- Any individual listed below will replace the existing Successor Account Owner/Successor Responsible Individual, if applicable.
- You may revoke or change the Successor Account Owner/Successor Responsible Individual at any time. See the Learning Quest Advisor Handbook (Handbook) for more information.

Check one.

 Add

 Change

 Delete

Name of Successor Account Owner or Successor Responsible Individual (first, middle initial, last)

Social Security Number

Birth Date (mm/dd/yyyy)

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

City

State

Zip Code

Telephone Number

6. Signature — YOU MUST SIGN BELOW *(However, if you opt to obtain a signature guarantee instead of providing a certified copy of the legal documentation for a name change of anyone registered on the account, skip this section and complete **Section 7** 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 Handbook, and understand the rules and regulations governing Learning Quest Advisor.

SIGNATURE

Signature of Primary Account Owner/Responsible Individual/Custodian

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Joint Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

7. Signature Guarantee — IF APPLICABLE

Please sign exactly as your new name will appear on the account.

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature(s) must correspond in every particular, without alteration, with the name(s) printed on the current Account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

SIGNATURE

Signature of Primary Account Owner/Responsible Individual/Custodian

SIGNATURE

Signature of Joint Account Owner

SIGNATURE

Signature of Guarantor

□□□□□□□□

Title

□□□□□□□□

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here