

MOST—Missouri’s 529 Education Plan

Account Information Change Form



- Complete this form to change the account owner name, mailing address, phone number, email address, successor account owner, or interested party information on your account.
- If you are changing your legal name, your former signature and new signature must be guaranteed in **Section 7** by an authorized officer of a bank, broker, or other qualified financial institution.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.missourimost.org. Or you can call us toll-free to order any form at **888-414-MOST** (888-414-6678) on business days from 7 a.m. to 8 p.m., Central time. Return this form in the enclosed postage-paid envelope, or mail to **MOST—Missouri’s 529 Education Plan, P.O. Box 219212, Kansas City, MO 64121-9212**. For overnight delivery or registered mail, send to **MOST—Missouri’s 529 Education Plan, 920 Main Street, Suite 900, Kansas City, MO 64105-2017**.

1. Account Owner Information

Account Number(s)

(To list more than three accounts, use the space below.)

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

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

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Daytime Telephone Number

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Evening Telephone Number

2. Information to Update or Change

- Account Owner—Complete **Section 3**.
- Successor Account Owner—Complete **Section 4**.
- Interested Party—Complete **Section 5**.

REMEMBER TO SIGN IN SECTION 6.



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3. Update Existing Account Owner Information *(if applicable)*

- If you are changing your contact information, provide the new information exactly as you would like it to appear on your MOST—Missouri’s 529 Education Plan account.
- If you are changing your name, you must obtain a signature guarantee in **Section 7**.

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

Email Address

<input style="width: 100%; height: 20px;" type="text"/>	-	<input style="width: 100%; height: 20px;" type="text"/>	-	<input style="width: 100%; height: 20px;" type="text"/>	-	<input style="width: 100%; height: 20px;" type="text"/>
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Daytime Telephone Number

Evening Telephone Number

Permanent Street Address or APO/FPO *(A P.O. box or rural route number is **not** acceptable.)*

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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City

State

Zip

Account Mailing Address if Different From Above *(used both as the account’s address of record and for all account mailings)*

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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City

State

Zip

4. Successor Account Owner Information *(if applicable)*

Complete this section to designate an individual to assume control of your account in the event of your death or to replace or remove your current successor account owner. You can have only one successor account owner per account, and he or she must be a U.S. citizen or resident alien and must be at least 18 years of age.

Check one. Add Change Remove

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

<input style="width: 100%; height: 20px;" type="text"/>	/	<input style="width: 100%; height: 20px;" type="text"/>	/	<input style="width: 100%; height: 20px;" type="text"/>
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Birth Date *(month, day, year)*

5. Interested Party Information *(if applicable)*

Complete this section if you want additional persons to receive a quarterly statement on the account or if you are 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 Change current information Remove

Name *(first, middle initial, last)*

Mailing Address

City

State

Zip

 - -

Telephone Number

Relationship

6. Signature

The account owner must sign below. However, if you are changing your name, skip this section and complete Section 7 instead.

I certify that the information provided in this form is true and complete in all respects.

➤

Signature of Account Owner or Trustee

/ /

Date *(month, day, year)*

7. One-and-the-Same Signature Guarantee—REQUIRED FOR NAME CHANGES ONLY

- If you are changing your legal name, your former signature and your new signature must be guaranteed by an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a signature guarantee, and you cannot guarantee your own signature.*
- **Do not sign below until you are in the presence of the authorized officer providing the one-and-the-same signature guarantee.**

I certify that the information provided in this form is true and complete in all respects.

➤

Former Signature of Account Owner

/ /

Date *(month, day, year)*

➤

New Signature of Account Owner

/ /

Date *(month, day, year)*

➤

Signature of Guarantor

Title/Name of Institution

/ /

Date *(month, day, year)*

Authorized Officer to Place Stamp Here

