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MOST—Missouri's 529 Education Plan

Trusted Contact Person Form

MISSOURI'S 529 EDUCATION PLAN

- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize MOST 529 and its present and future direct and indirect subsidiaries, affiliates, successors, and assigns (Plan) 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 (FINRA) Rule 2165.
- **This form does not create or give your Trusted Contact Person a power of attorney. Completing this form alone does not enable your Trusted Contact Person to access your Account or transfer assets to or from your Account.**
- Completion of this form 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.
- 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 **missourimost.org** or you can call us to order any form— or request assistance in completing this form—at **888-414-MOST** (888-414-6678) Monday through Friday from 7 a.m. to 8 p.m., Central time.

Return this form 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
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Current Account Owner Information

Account Number *(first nine digits)*

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

Telephone Number *(in case we have a question about your Account)*

2. Action for Trusted Contact Person

☐ Add ☐ Remove ☐ Change

MO DIR TRUSTED CONTACT

3. Trusted Contact Person Information

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

Trusted Contact Person's Daytime Telephone Number

Trusted Contact Person's Mobile Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

Relationship to Account Owner

☐ Advisor ☐ Attorney ☐ Family Member ☐ Friend ☐ Spouse ☐ Other

4. Signature—YOU MUST SIGN BELOW

By signing below, I hereby certify that:

- I authorize the Plan and its service providers to contact the Trusted Contact Person listed in Section 3 of this form and/or to take any action indicated in Section 2 of this form. I authorize the Plan and its service providers to disclose information to the Trusted Contact Person about my Plan Account(s) in the following circumstances: to address possible financial exploitation; to confirm the specifics of my 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 FINRA Rule 2165 (Financial Exploitation of Specified Adults). I certify that the Trusted Contact Person is at least eighteen (18) years of age.

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Signature of Account Owner *(If the Account owner is a minor, the parent or guardian of record must sign.)*

Date *(month, day, year)*

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