# College SAVE Plan

# Account Information Change Form for Financial Intermediaries

## THIS FORM IS INTENDED FOR FINANCIAL INTERMEDIARY USE ONLY.

- Use this form to change: your name, mailing address, phone number, email address, Successor Participant, or interested party information. You many also use this form to transfer assets to a new Participant.
- If you are changing your name you must provide either a copy of the document that changes your name (e.g., marriage certificate, divorce decree, SSN card, court document, etc.) or a medallion signature guarantee from a bank, broker, or other qualified financial institution.
- If you are changing the Participant of an existing Account, your signature must be medallion signature guaranteed in **Section 8** by an authorized officer of a bank, broker, or other gualified financial institution, and the new Participant must attach an **Enrollment Form**.
- 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 **www.collegesave4u.com**, or you can call us to order any form—or request assistance in completing this form— at **1.866.SAVE.529** (**1.866.728.3529**) any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

College SAVE P.O. Box 219781 Kansas City, MO 64121-9781 For overnight delivery or registered mail, send to:

College SAVE 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

# Current Participant information

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





Telephone Number (In case we have a question about your Account.)

# Information to update or change



Successor Participant — Section 5

Interested Party—**Section 6** 



### DO NOT STAPLE

# 3.

4.

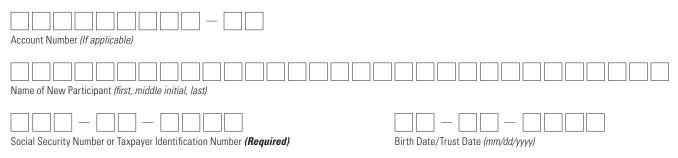
# Updated Participant information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your College SAVE Account.
- If you are changing your name, you must either provide supporting documentation or a medallion signature guarantee in Section 8.

Name of Participant (first, middle initial, last)		
Telephone Number (In case we have a question about your Account.)		
Email Address		
Permanent Street Address (A P.O. box or rural route number is <b>not</b> acceptable.)		
City	State Zip Code	
Account Mailing Address if different from above (This address will be used as the Account's ad	address of record and for all Account mailings.)	
City	State Zip Code	

# Transfer assets to new Participant

- This will transfer ownership of all of the assets in the referenced Account to the new Participant listed below.
- If you transfer ownership, you must also provide a signature guarantee in Section 8.
- The new Participant will control the Account and the disposition of all assets held in the Account.
- The new Participant must also complete an Enrollment Form.



### DO NOT STAPLE

#### 5.

# Successor Participant information

- Complete this section only if you are adding, changing, or removing Successor Participant information on your Account.
- You may revoke or change the Successor Participant at any time. See the College SAVE Plan Disclosure Statement and Participation Agreement (the "Disclosure Statement") for more information.
- The person you designate as Successor Participant must be at least 18 years old.

#### Check one.

Add	Change	Delete					
Name of Successo	r Participant <i>(first, middle initial,</i>	ast)					
		]					
Birth Date (mm/dd,	(YYYY)						

# 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 sheet.

#### Check one.

Add	Replace interested party	Change current information	Delete
Name (first, middle initial,			
Address			
City		State Zip Code	
Telephone Number <i>(In cas</i>	se we have a question about your Account.)		
Relationship to Par	ticipant.	Parent/Guardian	Other

### DO NOT STAPLE

# Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Disclosure Statement and understand the rules and regulations governing College SAVE as they relate to this information change request.
- I certify that the information provided herein is true and complete in all respects.
- By signing below, I authorize College SAVE or its designee to change my account information according to the instructions above.
- If I am changing the Participant, by signing this form as the current Participant, I acknowledge that the transfer is subject to College SAVE's verifications of the new Participant. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- If the Account is owned by an entity or trust, I certify that I have the requisite authority to act on behalf of such entity.

Signature of Participant

		—		—		
Jate	(mm.	/dd/ww	w			

#### Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES AND CHANGES TO THE 8. PARTICIPANT OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a medallion signature guarantee from an authorized officer of a bank, broker, or other gualified financial institution. ٠ A notary public cannot provide a 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.

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 Disclosure Statement.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Participant <i>(For name change only.)</i>	
[]	
Current Signature of Participant	
Signature of Guarantor	
Title	
Name of Institution	

Date (mm/dd/yyyy)



