College SAVE Plan

College SAVE™

Bank of North Dakota's 529 Plan

Account Information Change Form

THIS FORM IS INTENDED FOR INDIVIDUAL INVESTOR USE ONLY.

- Use this form to change: your name, mailing address, phone number, email address, Successor Participant, or interested party information. You may 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 9** by an authorized officer of a bank, broker, or other qualified 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	
Acc	Account Number(s) (To list more than three Accounts, use a separate sheet.)	
Nar	Name of Participant (first, middle initial, last)	
Tele	Telephone Number (In case we have a question about your Account.)	
Inf	nformation to update or change	
	Participant — Section 3 or Section 4	
	Successor Participant — Section 5	
	Interested Party—Section 6	
	Registered Investment Advisor—Section 7	
	Registered Investment Advisor—Section 7	

INFO CHANGE

3. Updated Participant information

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6. Interested party information

a separate sheet. Check one. Change current information Delete Add Replace interested party Name (first, middle initial, last) Address City State Zip Code Telephone Number (In case we have a question about your Account.) Relationship to Participant. Compliance Investment Advisor Parent/Guardian Other 7. Registered Investment Advisor information • Complete this section only if you are adding, changing, or removing Registered Investment Advisor (RIA) information on your Account. Check one. Add Change Delete Firm Name Financial Advisor Name (first, middle initial, last) Branch Number (if applicable) Advisor ID Number Daytime Telelphone Number Branch Street Address City Zip Code State

• 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

8. 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.

SIGNATURE	
Signature of Participant	Date (mm/dd/yyyy)

9. Medallion Signature Guarantee — REQUIRED ONLY FOR TRANSFERS TO A NEW PARTICIPANT OR NAME CHANGES WITHOUT SUPPORTING DOCUMENTATION

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. 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.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Participant (For name change only.)	
Current Signature of Participant	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

