Future Path 529 Plan

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Account Information Change Form

- Complete this form to change your: mailing address, phone number, email address, your Beneficiary's name or mailing address, Successor
 Account Owner, or to add or change Interested Party information. You may also be able to update some of these online by logging into your
 Account at www.futurepath529.com.
- If you are changing your name, your former signature and your new signature must be Medallian Signature Guaranteed in Section 8
 by an authorized officer of a bank, broker, or other qualified financial institution. If you are changing your Beneficiary's name, you must
 provide supporting legal documentation for this change.
- 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 **www.futurepath529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

Future Path 529 Plan P.O. Box 55578 Boston, MA 02205-5578 For overnight delivery or registered mail, send to:
Future Path 529 Plan
95 Wells Avenue, Suite 155
Newton, MA 02459

Current Account Owner information		
Account Number(s) (To list more than six Accounts, use a separate sheet.)		
Name of Account Owner (first, middle initial, last)		
Telephone Number (In case we have a question about your Account.)		
Information to update or change		
Account Owner—Section 3		
Beneficiary — Section 4		
Successor Account Owner—Section 5		
Interested Party—Section 6		



3. Updated Account Owner information

If you are changing your name, you must also provide a Medallion Signature Guarantee in Section 8. Name of Account Owner (first, middle initial, last) Telephone Number (fin case we have a question about your Account.) Email Address Account Street Address (A P.O. box is not acceptable.) City State Zip Code Updated Beneficiary information If you are changing your Beneficiary's name and/or mailing address, provide the new information exactly as you would like it to appear on your Future Path 529 Plan Plan Account. If you are changing your Beneficiary's name you must provide supporting legal documentation of the new name with this form. Name of Beneficiary (first, middle initial, last) Malling Address	Name of Account Owner (first, middle initial, last) Telephone Number (In case we have a question about your Account.) Email Address Permanent Street Address (A P.O. box is not acceptable.) City State Zip Code Account Mailing Address if different from above (This address will be used as the Account's address of record and for all Account mailings.) City State Zip Code Updated Beneficiary information If you are changing your Beneficiary's name and/or mailing address, provide the new information exactly as you would like it to appear on your Future Path 529 Plan Plan Account. If you are changing your Beneficiary's name you must provide supporting legal documentation of the new name with this form. Name of Beneficiary (first, middle initial, last)							
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• If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your

5. Successor Account Owner information

- Complete this section only if you are adding, changing, or removing Successor Account Owner information on your Account.
- You may revoke or change the Successor Account Owner at any time. See the Future Path 529 Plan Disclosure Booklet and Tuition Savings Agreement ("Disclosure Booklet") for more information. You should also consider consulting a qualified tax professional about the potential tax consequences of a change in Account Owner at your death.

	Check one.
	Add Change Delete
	Name of Successor Account Owner (first, middle initial, last)
	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, last)
	Address
	City State Zip Code
	Telephone Number (In case we have a question about your Account.)
	Relationship to Account Owner.
	Compliance Investment Professional Parent/Guardian Other

7. Signature — YOU MUST SIGN BELOW

IMPORTANT: If you are changing your name, do not sign in this section; see **Section 8**.

By signing below, I hereby certify that:

- I have received the Future Path 529 Plan Description and Participation Agreement ("Plan Description"). I understand that by signing this form, I am agreeing to be bound by the terms and conditions of the Plan Description. I understand that the Future Path 529 Plan® ("Plan") may from time to time amend the Plan Description, and I agree I will be subject to the terms of those amendments. I understand that the Plan Description and this form shall be construed, governed, and interpreted in accordance with the laws of the State of Nevada.
- I understand that the Plan Description and the Plan forms signed by me constitute the entire agreement between myself and the Trust (as defined in the Plan Description). No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal, state or local income and penalty taxes as a consequence of certain activities, including
 without limitation non-qualified withdrawals, terminating my Account, or changing my Designated Beneficiary to an ineligible person.
 Account Owners should seek advice from a qualified tax professional.
- I understand that contributions to my Account in the Plan are not insured and that neither the principal I contribute nor the investment returns are guaranteed by the Federal Deposit Insurance Corporation or Ascensus College Savings Recordkeeping Services, LLC, JPMorgan Distribution Services, LLC, JPMorgan Investment Management Inc., the Board of Trustees of the College Savings Plans of Nevada (the "Board"), the Nevada State Treasurer, the State of Nevada, all agencies, instrumentalities and funds of the State of Nevada, the Nevada College Savings Trust Fund (the "Trust"), the Plan, and their respective affiliates, officials, officers, directors, employees, and representatives (collectively, the "Plan Officials"). I understand that there is no assurance that my Account under the Plan will generate any specific rate of return; and there is no assurance that the Account will not decrease in value. I understand that I could lose money.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the Plan and in
 any other Qualified Tuition Program offered by the State of Nevada on behalf of the Designated Beneficiary to exceed the Maximum
 Account Balance established by the Board are not permitted. I understand that if a contribution is made to my Account that exceeds
 the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor.
- I understand that by signing this form, I authorize Ascensus College Savings Recordkeeping Services, LLC or its affiliates to provide
 my Financial Professional with access to my Account and to perform transactions on my behalf. I agree to, indemnify, defend, and
 hold harmless the Plan Officials, from any losses I incur as a result of the acts or omissions of my Financial Professional. I understand
 and acknowledge that the Plan and its service providers may, in their discretion, terminate my Financial Professional's ability to
 access my Account.
- All the information that I provided on this form is true and accurate, that Ascensus College Savings Recordkeeping Services, LLC and
 its affiliates are entitled to rely on the information provided herein and the instructions provided on this form, and that I am bound by
 any and all statutory, administrative, and operating procedures that govern the Plan.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)

8. Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES TO THE ACCOUNT OWNER 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 qualified financial institution. A notary public cannot provide a Medallion 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 signature guarantee.

By signing this form I agree to all of the certifications, terms and conditions set forth above in Section 7.

SIGNATURE	Authorized Officer to place stamp here
Former Signature of Account Owner (For name change only.)	
Current Signature of Account Owner	
Signature of Guarantor	
Title	
Name of Institution	

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