

# Future Path 529 Plan 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](http://www.futurepath529.com).
- If you are changing your name, your former signature and your new signature must be Medallion 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](http://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: <b>Future Path 529 Plan</b> <b>P.O. Box 55578</b> <b>Boston, MA 02205-5578</b>	For overnight delivery or registered mail, send to: <b>Future Path 529 Plan</b> <b>95 Wells Avenue, Suite 155</b> <b>Newton, MA 02459</b>
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## 1. 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.)

## 2. Information to update or change

Account Owner — **Section 3**

Beneficiary — **Section 4**

Successor Account Owner — **Section 5**

Interested Party — **Section 6**







## 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

Former Signature of Account Owner *(For name change only.)*

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date *(mm/dd/yyyy)*

**Authorized Officer to place stamp here**

Large empty rectangular box for stamp placement.

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