

Future Path 529 Plan Trusted Contact Person Form



- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize Future Path 529 Plan 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 Rule 2165.
- **This form does not create or give your Trusted Contact Person a power of attorney. Your Trusted Contact Person will not be able 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 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 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
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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



