

New York's 529 College Savings Program *Direct Plan*

Account Information Change Form



- Complete this form to change your name, mailing address, phone number, e-mail address, successor account owner, or interested party information on your account.
- If you are changing your name, your former signature and new signature must be guaranteed in **Section 7** by an authorized officer of a bank, broker, or other qualified financial institution.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our Web site at www.nysaves.org. Or you can call us toll-free to order any form—or get assistance in filling out this one—at **1-877-NYSAVES** (1-877-697-2837) on business days from 8 a.m. to 9 p.m., Eastern time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **New York's 529 College Savings Program *Direct Plan*, P.O. Box 55440, Boston, MA 02205-8323**. For overnight delivery or registered mail, send to: **New York's 529 College Savings Program *Direct Plan*, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

1. Current Account Owner Information

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

Name of Account Owner (first, middle initial, last)

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

Daytime Telephone Number

Evening Telephone Number

2. Information to Be Updated

- Account Owner—Complete **Section 3**
- Successor Account Owner—Complete **Section 4**
- Interested Party—Complete **Section 5**

REMEMBER TO SIGN IN SECTION 6.



00-66620-001

3. Updated Account Owner Information *(if applicable)*

- If you are changing your contact information, provide the new information exactly as you would like it to appear on your *Direct Plan* account.
- If you are changing your name, you must provide a signature guarantee in **Section 7**.

New Legal Name of Existing Account Owner *(first, middle initial, last)*

E-Mail Address

 - - - -

Daytime Telephone Number

Evening Telephone Number

Permanent Street Address or APO/FPO *(A P.O. box or rural route number is **not** acceptable.)*

City

State

Zip

Account Mailing Address if Different From Above *(This address will be used both as the account's address of record and for all account mailings.)*

City

State

Zip

4. Successor Account Owner Information *(if applicable)*

- Complete this section to designate an individual to assume control of your account when you die, or to replace or remove your current successor account owner. You can have only one successor account owner per account, and he or she must be a U.S. citizen or resident alien.

(Check one.) Add Change Remove

Name of Successor Account Owner *(first, middle initial, last)*

 / /

Birth Date *(month, day, year)*

5. Interested Party Information *(if applicable)*

- Complete this section if you want to have an additional person (interested party) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

(Check one.) Add Replace Change current information Remove

Name of Interested Party *(first, middle initial, last)*

Mailing Address

City

State

Zip

 - -

Telephone Number

Relationship

6. Signature *(You must sign below. However, if you are changing your name, skip this section and complete Section 7 instead.)*

I certify that the information provided in this form is true and complete in all respects.

➤

Signature of Account Owner

/ /

Date (month, day, year)

7. One-and-the-Same Signature Guarantee—REQUIRED FOR NAME CHANGES ONLY

- If you are changing your name, your former signature and your new signature must be guaranteed.
- You can obtain a one-and-the-same signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a signature guarantee, and you cannot guarantee your own signature.*
- Do not sign below until you are in the presence of the authorized officer providing the one-and-the-same signature guarantee.**

I certify that the information provided herein is true and complete in all respects.

➤

Former Signature of Account Owner

/ /

Date (month, day, year)

➤

New Signature of Account Owner

/ /

Date (month, day, year)

➤

Signature of Guarantor

Title/Name of Institution

/ /

Date (month, day, year)

Authorized Officer to Place Stamp Here

Applies to all signatures in Section 7.

