

Oklahoma 529

Profile Change Form



3. Updated Account Owner/Custodian Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your Oklahoma 529 Account.
- If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

Account Owner/Custodian (First name) _____ (M.I.) _____

Account Owner/Custodian (Last name)

Permanent Street Address (P.O. boxes are **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 for all Account mailings.)

City

State

—

Zip Code

- -
 - -

☐ Mobile ☐ Landline ☐ Mobile ☐ Landline

☐ I agree to allow Oklahoma 529 and its affiliates, agents, and service providers, to contact me at the phone number(s) provided, or any phone number(s) provided at a later date, using an automatic telephone dialing system or text message, to provide messages, including account matters, informational, and marketing. I acknowledge that providing the phone number(s) is not a condition of receiving any services. By providing the phone number(s), I certify that the phone number is accurate and that I own the rights to use that phone number and to give consent to call or text the phone number(s) provided as well as any phone number(s) provided at a later date.

PLEASE NOTE: If you do not to agree to be contacted for the matters described above, you understand that we may still contact you at the phone number(s) you have provided in order to service your account.

Birth Date (mm-dd-yyyy)

Email Address

4. Beneficiary Information

- If you are changing your beneficiary name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.
- If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing the Beneficiary, you must submit a new **Account Application** and a **Transfer Form**.

Beneficiary (*First name*)
(*M.I.*)

[illegible]

- -
 Beneficiary Social Security or Taxpayer Identification Number

— —
 Beneficiary Birth Date (mm-dd-yyyy)

Mailing Address

City _____

 —

State Zip Code

Primary Telephone Number

□□□ – □□□ – □□□□
Secondary Telephone Number

5. Successor Account Owner/Custodian Information

Note: If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination.

- Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/Custodian.
- You may revoke or change the Successor Account Owner/Custodian at any time. See the Oklahoma 529 Plan Description for more information.
- The person you designate as Successor Account Owner/Custodian must be at least 18 years old or can be a trust.
- You may only designate one Successor Account Owner/Custodian per beneficiary.
- The Successor Account Owner/Custodian will not receive quarterly statements.

Check one.

☐ Add New ☐ Replace/Update Existing ☐ Delete

Successor Account Owner/Custodian or Trust (First name) (M.I.)

Successor Account Owner/Custodian or Trust (Last name)

- -
 Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) **(Required)**

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.

☐ Add ☐ Replace ☐ Change Current Information ☐ Remove

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<i>Interested Party or Trust (Last name)</i>																												
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														<i>State</i>		<i>Zip Code</i>												
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<i>Telephone Number</i>																												

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize Oklahoma 529 and its future direct and indirect subsidiaries, affiliates, successors and assigns Oklahoma 529 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 (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section 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.

[illegible]

☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

8. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my Oklahoma 529 Account(s). This information replaces any existing information on file with Oklahoma 529. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security Number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner/Custodian or Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your 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 Medallion Signature Guarantee.**
- Please call Oklahoma 529 at **1.877.654.7284** if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Oklahoma 529 Plan Description.

SIGNATURE

Signature of Account Owner/Custodian (In the presence of the authorized officer.)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here