

Scholars Choice Education Savings Plan® Broker/Dealer Change Form



- Use this form to authorize the change of the Broker/Dealer listed on your Scholars Choice Education Savings Plan Account.
- 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 listed. Do not staple.

To request assistance in completing this form call us at **1-888-5-SCHOLAR (1-888-572-4652)**, Monday through Friday from 9:00 a.m. - 10:00 p.m. ET.



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Monday to Friday 9:00 a.m. - 10:00 p.m. ET



scholars-choice.com

Regular mailing address:

Scholars Choice
PO Box 219372
Kansas City, MO 64121

Overnight mailing address:

Scholars Choice
920 Main Street, Suite 900
Kansas City, MO 64105

1. This Change Applies to

Note: Regardless of the option you select, complete **Section 2**.

- All of your accounts
- List of accounts attached

2. Account Information

Account Number

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

3. New Broker/Dealer Information (To be completed by the Financial Professional.)

Firm Name

Financial Professional Name (first, middle initial, last)

Branch Number

Financial Professional ID Number/IRD Number

BIN (if applicable)

Matrix Level

Mailing Address

City

State

Zip Code

Telephone Number

Email Address



* SCHOLARS CHOICE BROKERDEALER CHANGE *

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description and Participation Agreement.

SIGNATURE _____
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
Date (mm/dd/yyyy)

SIGNATURE _____
Signature of Financial Professional

□□ — □□ — □□□□
Date (mm/dd/yyyy)