Scholars Choice®

Beneficiary Change Form



 Use this form when changing the Beneficiary on your existing Scholars Choice 529 Account.

Note: This process will establish a new Account Number.

• 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.

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a member of the family of the former Beneficiary, as defined in the Scholars Choice Program Disclosure Statement and Participation Agreement. If the new Beneficiary is not an eligible family member, the change will be considered a Non-Qualifed Distribution, which means that it may be subject to both state and federal income tax and an additional 10% federal tax on any earnings.

Fillable forms can be downloaded at **www.scholars-choice.com/forms**, or call us to order any form — or request assistance in completing this form — at **1-888-5-SCHOLAR (1-888-572-4652)** Monday to Friday from 9 am to 10 pm ET.

[= 	1-888-5-SCHOLAR (1-888-572-4652
-0-	Monday to Friday 9 am - 10 pm ET

www.scholars-choice.com/

FAX 617-559-8940

Regular mailing address:

Scholars Choice P.O. Box 219372 Kansas City, MO 64121

Overnight mailing address:

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

Current Account Information	
Account Number	Telephone Number
Name of Account Owner (first, middle initial, last)	
Name of Existing Beneficiary (first, middle initial, last)	
Existing Beneficiary's Social Security Number or Taxpayer Identification Number	
Information for the New Beneficiary	
Name of New Beneficiary (first, middle initial, last)	
Social Security Number or Taxpayer Identification Number (<i>Required</i>)	Birth Date (mm/dd/yyyy) (Required)

Citizenship (If other than U.S. citizen, please indicate country of citizenship)



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The asset allocation of money invested in the Automatic Allocation Options are automatically adjusted over time to become more conservative as the beneficiary approaches age of matriculation.

^{**} The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

6 Successor Account Owner Information (Recommended)

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death.
- The person you designate as a Successor Account Owner must be at least 18 years old or can be a Trust.
- You may revoke or change your designation online or by completing the Profile Change Form.

•	See the Scholars	Choice Program	Disclosure S	Statement and	Participation	Agreement for	more information.

I want to have the same Successor Account Owner for the new Benefic	ciary.
I want to name a new Successor Account Owner for the new Beneficial	ry. (Please fill out the information below)
Legal Name (First name)/or Trust Name	(m.i.
Legal Name (Last name)/or Remaining Trust Name	
Social Security or Taxpayer Identification Number	Birth Date or Trust Date (mm/dd/yyyy) (Required)
Mailing Address	
City	State Zip Code

7 Recurring Contribution (Automatic Funds Transfer)

You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your Recurring Contribution to occur. Money will be transferred electronically into your Scholars Choice 529 Account based on the frequency you select. You may change the investment amount and frequency at any time by securely logging into your account at **www.scholars-choice.com/accountaccess** or by calling **1-888-5-SCHOLAR** (1-888-572-4652).

	I would like to continue m	y existing Recurri	ng Contribution fo	r the new Beneficiary.
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I would like to make changes to my existing Recurring Contribution for the new Beneficiary.

(Please complete the Account Features Form and submit it with this Beneficiary Change Form)

8 SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby acknowledge that:

- I have received and read this form and agree to the terms and conditions of the Scholars Choice Program Disclosure Statement and Participation Agreement, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of it for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights
 and responsibilities stated in the Scholars Choice Program Disclosure Statement and Participation Agreement and by any and all
 statutory, administrative and operating procedures that govern Scholars Choice. Except as set forth below, I understand that the
 Scholars Choice Program Disclosure Statement and Participation Agreement and Enrollment Form constitute the entire agreement
 between me and Scholars Choice. No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC or any other government agency, and are not deposits or other
 obligations of any depository institution. Investments are not guaranteed or insured by the State of Colorado, Collegelnvest, QS
 Investors, LLC, Legg Mason Investor Services, LLC, or Franklin Resources, Inc., its affiliates, or Service Provider, and are subject to
 investment risks including the loss of the principal amount invested.

- I understand that participation in Scholars Choice does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified education expenses of the Beneficiary.
- I understand that by signing this **Beneficiary Change Form**, I am authorizing Scholars Choice and its service providers, including the Program Manager, to provide my Financial Professional with access to my Account. I agree to hold harmless Scholars Choice from any claims I make and/or losses I incur as a result of the acts or omissions of my Financial Professional.
- If I have chosen the Recurring Contributions option, I authorize Scholars Choice and its designees, upon telephone, online, or in writing, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, and to accept any such credits or debits to my Account without responsibility as to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that Scholars Choice not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying Scholars Choice and the bank by telephone or in writing, and that the termination request will be effective as soon as Scholars Choice and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 10F** of my original **Enrollment Form**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in Scholars Choice issued by the State of Colorado will not cause the aggregate balances in such Accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the Parent/Guardian/Custodian of the Account.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 2**. I agree to promptly inform Scholars Choice in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Scholars Choice has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the receiving Beneficiary is a "member of the family" of the current Beneficiary listed in **Section 1**. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Distribution subject to both state and federal income tax as well as an additional 10% federal tax.

SIGNATURE	
Signature of Account Owner (Required)	Date (mm/dd/yyyy)

An investor should consider the Program's investment objectives, risks, charges and expenses before investing. The Program Disclosure Statement and Participation Agreement (www.scholars-choice.com/pds) contains more information and should be read carefully before investing. If an investor and/or an investor's beneficiary are not Colorado taxpayers, they should consider before investing whether their home states offer 529 plans that provide state tax and other benefits such as financial aid, scholarship funds and protection from creditors that are only available to state taxpayers investing in such plans.

Investments in the Scholars Choice® College Savings Program are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of Colorado, CollegeInvest, QS Investors, LLC, Legg Mason Investor Services, LLC, or Franklin Resources, Inc., or its affiliates and are subject to risks, including loss of principal amount invested.

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