Scholars Choice Education Savings Plan®

Scholars Choice 🗡

Profile Change Form

EDUCATION SAVINGS PLAN BY **COLLEGEINVEST**Scholars Choice is a registered service mark of CollegeInvest.

- Use this form to change: your name, address, phone number, email address, Successor Account Owner/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information. If you are changing the Account Owner/Custodian or Beneficiary of an existing account, you must complete the Transfer Form.
- If you are changing your name you must provide either a legal document such as a
 copy of a marriage certificate, court document, or copy of a Social Security card; or
 have your former signature and your new signature Medallion Signature Guaranteed
 in Section 8 by an authorized officer of a bank, broker, or other qualified financial
 institution.
- 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.

1-888-5-SCHOLAR (1-888-572-4652) 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 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Current Account Owner/Custodian Information													
	Account Number(s) (To list more than six Accounts, use a separate sheet.).													
	Account Owner/Custodian (First name) (M.I.)													
	Account Owner/Custodian (Last name)													
	Telephone Number													
	Telephone Number													
2.	Information to Update or Change													
	Account Owner/Custodian — Section 3													
	Beneficiary — Section 4													
	Successor Account Owner/Custodian — Section 5													
	Interested Party — Section 6													
	Trusted Contact Person — Section 7													



Email Address

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 Scholars Choice Education Savings Plan Account.

• If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy

• If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.

of a Social Security card, or complete the Medallion Signature Guarantee in Section 8 .									
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									
Primary Telephone Number Secondary Telephone Number									
Tillially Telephone Number									
Birth Date (mm-dd-yyyy)									

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.)Beneficiary (Last name) Beneficiary Birth Date (mm-dd-yyyy) Mailing Address City State Zip Code Primary Telephone Number Secondary Telephone Number **Relationship of Account Owner to Beneficiary** Parent Guardian Grandparent Friend Self Other **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 Scholars Choice Education Savings 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 Remove 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)

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8.	Signature	—Y0U	MUST	SIGN	BEL	.0W
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I hereby make the changes or additions noted above to my Scholars Choice Education Savings Plan Account(s). This information replaces any existing information on file with the Scholars Choice Education Savings Plan. I certify the information contained herein is true and correct, and supporting documentation is attached if required.

SIGNATURE	
Signature of Account Owner/Custodian or Authorized Representative of Entity	Date (mm-dd-www)

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 Scholars Choice Education Savings Plan at **1-888-5-SCHOLAR (1-888-572-4652)** 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 Scholars Choice Education Savings Plan Description.

SIGNATURE	A .1 1000
Signature of Account Owner/Custodian (In the presence of the authorized officer.)	Authorized Officer to place stamp here
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	