Scholar's Edge®

Broker/Dealer Change Form



1.866.529.SAVE (1.866.529.7283)

Monday through Friday

8:00 a.m. to 7:00 p.m. MT

- Use this form to authorize the change of the Broker/Dealer or Registered Investment Advisor (RIA) listed on your Scholar's Edge 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.

Forms can be downloaded from our website at **scholarsedge529.com**, or you can call us

o order any form — or request assistance in completing this form — at 1.866.529.SAVE 1.866.529.7283), Monday through Friday 8:00 a.m. to 7:00 p.m. MT.	scholarsedge529.com
	FAX 617-559-8951
1 This Change Applies to	Regular mailing address:
Note: Regardless of the option you select, complete Section 2.	Scholar's Edge
All of your accounts	PO Box 219798 Kansas City, MO 64121-9798
List of accounts attached	-
	Overnight mailing address: Scholar's Edge
Individual account	1001 E 101st Terrace, Suite 200
2 Account Information	Kansas City, MO 64131
Account Number	
Name of Account Owner (first, middle initial, last)	
Check here if you are a Registered Investment Advisor Firm Name	
Financial Advisor Name (first, middle initial, last)	
Tituliolal Navion Name (mot, made imaa, rasy	
Branch Number Financial Advisor ID Number/IRD Number BIN (if ap.	
Nation Address	
Mailing Address	
City State	Zip Code
Telephone Number	
Email Address	

ВD

Signature — YOU MUST SIGN BELOW	
to process investment option changes, non-qualified and existing banking information on file that I request for all a will only be issued to me via check to my home address, t institution. I understand that I may cancel this feature at a understand that neither Scholar's Edge nor its affiliates, a	mission for my financial advisor to give instructions to Scholar's Edge qualified withdrawals and to establish recurring contributions using the counts I own identified in Section 2 . I understand that the withdrawal ransferred to my bank account on record, or sent directly to an educational any time by notifying the Program Manager or its service provider. I gents or service providers nor my financial advisor are liable for any loss, ructions purporting to be from my financial advisor on my behalf, but which
I certify that the information provided herein is true and com to all the terms and conditions of the Scholar's Edge Plan De	olete in all respects, and that I have read, understand, consent, and agree scription and Participation Agreement.
SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Financial Advisor	