Scholar's Edge®

Profile Change Form



- Use this form to change: your name, address, phone number, email address, Successor Account Owner, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- 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 9**by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner of an existing Account, you must complete the **Transfer Form**.
- If you are changing the Beneficiary, you must complete the **Transfer Form**.
- 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 to 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.

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\ <u>\</u>	scholarsedge529.com

FAX 617-559-8951

Regular mailing address: Scholar's Edge PO Box 219798 Kansas City, MO 64121-9798

Overnight mailing address:

Scholar's Edge 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1	Current Account Owner Information
	Account Number(s) (To list more than six Accounts, use a separate sheet.).
	Name of Account Owner (first, middle initial, last)
	Telephone Number
2	Information to Update or Change
	Account Owner — Section 3
	Beneficiary — Section 4
	Successor Owner — Section 5
	Interested Party — Section 6
	Trusted Contact Person — Section 7



Updated Account Owner 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 Scholar's Edge 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.

Name of Account Owner (first, middle initial, last)								
U.S. 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								
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 **Enrollment Form** and a **Transfer Form**.

Name of Beneficiary (first, middle initial, last)	
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 Information

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

Check one.																						
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^{*}If you are employed by a Financial Services Firm you may be required to send duplicate account statements and account transaction confirmations to your employer's compliance department.

7 Trusted Contact Person Information

- By completing this form, you designate the person identified below as your Trusted Contact Person for all beneficiaries and authorize Scholar's Edge, its service providers, and its present and future direct and indirect subsidiaries, affiliates, successors and assigns 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 form 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.

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.
Add New Replace/Update Existing Delete
Name of Trusted Contact Person (first, middle initial, last)
Trusted Contact Person's Primary Telephone Number
Trusted Contact Person's Email Address
Trusted Contact Person's Mailing Address
City State Zip Code
Relationship to Account Owner.
(e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

8 Signature — YOU MUST SIGN BELOW

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

SIGNATURE	
Signature of Account Owner	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.
- If a Medallion Signature Guarantee is needed you cannot fax in this form.
- Please call Scholar's Edge at 1.866.529.SAVE (1.866.529.7283) 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 Scholar's Edge Plan Description and Participation Agreement.

SIGNATURE	
	Authorized Officer to place stamp here
Former Signature of Account Owner (In the presence of the authorized officer.)	
SIGNATURE	
Current Signature of Account Owner (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Name of institution	
Date (mm/dd/yyyy)	