WA529 INVEST

WA529 Invest Profile Change Form

- 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 on your WA529 Invest (Program) Account.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 20 Business Days have passed.
- 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 Guarantee in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner/Custodian or Beneficiary of an existing Account, 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.

To request assistance in completing this form call us at **1-844-529-5845** Monday to Friday 8 a.m. - 7 p.m. PT.





Regular mailing address:

WA529 Invest PO Box 219072 Kansas City, MO 64121-9072

Overnight mailing address:

WA529 Invest 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)	
Account Owner/Custodian (Last name)	

Telephone Number

Information to Update or Change



Beneficiary — Section 4

Successor Account Owner/Custodian — Section 5

Interested Party — Section 6

Trusted Contact Person — Section 7



1

B. 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 WA529 Invest 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.

Account Owner/Custodian (First name)	(M.I.)
Account Owner/Custodian (Last name)	
Account Owner/Custodian Social Security or Individual Taxpayer Identification Number	r
Permanent Street Address (P.O. boxes are not acceptable.)	
City	State Zip Code
Account Mailing Address if different from above <i>(This address will be used as the Account defined address addre</i>	unt's address of record for all Account mailings.)
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number
Mobile Landline	Mobile Landline

I agree to allow WA529 Invest and its affiliates, agents, and service providers, to contact me at the phone number(s) provided, or any phone number(s) provided at a later date, using an automatic telephone dialing system or text message, to provide messages, including Account matters, informational, and marketing. I acknowledge that providing the phone number(s) is not a condition of receiving any services. By providing the phone number(s), I certify that the phone number is accurate and that I own the rights to use that phone number and to give consent to call or text the phone number(s) provided as well as any phone number(s) provided at a later date.

PLEASE NOTE: If you do not to agree to be contacted for the matters described above, you understand that we may still contact you at the phone number(s) you have provided in order to service your Account.



2

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's 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)	
Beneficiary (Last name)	
Beneficiary Social Security or Individual Taxpayer Identification Number	Beneficiary Birth Date <i>(mm-dd-yyyy)</i>
Mailing Address	
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number

5. 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 WA529 Invest Program Details Booklet 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	Delete
Successor Account Owner/Custodian or Trust <i>(First name)</i>	
Successor Account Owner/Custodian or Trust <i>(Last name)</i>	

Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)

6. Interested Party Information (if applicable)

Complete this section if you want to have an additional person *(interested party)* receive quarterly Account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.

Add		Repla	се	[Chan	ge cı	urren	t info	orma	tion			Re	emov	e							
Interested Party	(First r	name)																					(M.I.)
Interested Party	or Trus	st <i>(Last na</i>	ame)																				
Mailing Address																							
City														Sta	Ite		 Zip	Code] –	-		
Telephone Numb	er			— [
Relationship	to A	ccoun	t 0 w	/ner/	/Cus	todia	n.																
Compliar	nce			nves	tmen	t Adv	visor			P	arent	/Gua	ardia	n			Oth	ner					

7. Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all Beneficiaries, and authorize WA529 Invest and its present and future direct and indirect subsidiaries, affiliates, successors and assigns WA529 Invest to contact your Trusted Contact Person and disclose information about your Program 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 section 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.
- Completion of this section is optional and you may withdraw it at any time by notifying the Program 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		Remove	ł		Chan	ge															
Trusted Contact	L Person	(First name,]																		(M.I.)
Trusted Contact	L Person	(Last name)																			
Trusted Contact	 t Person'	's Primary Te] — elephoi	ne Nun	nber																
Trusted Contact	L Person'	s Email Add	lress																		
Trusted Contact	L Person'	's Mailing A	ddress																		
City											Sta	ate		 Zip	Code] –	-		
Relationshi	p to A	ccount C	wne	r/Cus	stodia	n.															
Advisor		Attorne	у		Spo	use	[Fami	ly Mer	nber		Fri	end] Ot	her				

Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my WA529 Invest Account(s). This information replaces any existing information on file with WA529 Invest. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian Social Security number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE			
Signature of Account Owner/Custodian	Date (mm-dd-y	yyy)	

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 WA529 Invest at 1-844-529-5845 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 WA529 Invest Program Details Booklet.

SIGNATURE	Authorized Officer to place stown have
Signature of Former Account Owner/Custodian (<i>if applicable</i>) (In the presence of the authorized officer.)	Authorized Officer to place stamp here
SIGNATURE	
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

