SSGA Upromise 529 Plan

Beneficiary Change Form



- Complete this form if you are transferring to a new Beneficiary all or part of the balance in the Account of your current Beneficiary.
- 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 below. Do not staple.

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be an eligible member of the family of the former Beneficiary, as defined in the SSGA Upromise 529 Plan Description and Participation Agreement (Plan Description and Participation Agreement). If the new Beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to federal income tax and a 10% federal penalty tax on any earnings.

Forms can be downloaded from our website at **www.ssga.upromise529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: For overnight delivery or registered mail, send to:

SSGA Upromise 529 P.O. Box 55578 Boston, MA 02205-5578 SSGA Upromise 529 95 Wells Ave., Suite 155 Newton, MA 02459-3204

| | | | | | | - [| | | | | | | | | | | – Г | | | | - [| | | |
|---------------------------------------|------------|------------------|------------|-------------|-----------|-------------|---------------|---------|---------|---------|--------|----------|--------|--------|--------|-----------|------------|-------------------|------------------|-------------------------|--------|---------|---------|------|
| Account Nur | mber | | | | | _ | | | | | | | | Teleph | none N | lumbe | r (In ca | эѕе и | ve hav | re a qu | ıestio | n abo | out you | ır A |
| | | | | | | | | | | | | | | | | | | | | | | | | ٦٢ |
| Name of Ac | count Ow | ner <i>(firs</i> | t, middi | le initi | al, last | L) | | | | | لسال | | | | | | | | | | | | | _ L |
| | | | | | | | | | | 7 | | | | | | | | | | | 7 | | | ٦٢ |
| N | | | | _ | | /tl | | | | | | | | | | | | | | | | ⅃Ĺ | | ⊒L |
| Name of Exi | sting Ben | eticiary | (TITST, II | niaaie | ınıtıaı, | iast) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Beneficiary I | _ast 4 Dic | its of S | ocial S | ecurity | v Numl | oer or 1 | Гахрач | ver Ide | ntifica | tion N | lumbei | (Reau | iired) |) | | | | | | | | | | |
| • | | | | | , | | | | | | | • | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | _ | | - | | | | | | | | | | |
| New Re | enefic | iarv | infor | mat | tion | (Yo | u ca | nna | t ch | ano | ie a | Ben | efic | iarv | on on | an | UGN | ИΑ | /UT | MA | Acı | COL | int.) | |
| New Re | enefic | iary | infor | mat | ion | (Yo | u ca | nno | t ch | ang | ie a | Ben | efic | iary | on on | an | UGI | ИA, | /UT | MA | Ac | COL | int.) | |
| New Re | enefic | iary | infor | mat | ion | (Yo | u ca | nno | t ch | ang | ie a | Ben | efic | iary | on | an | UGN | ИA, П | /UT | MA | Ac. | COU | int.) | |
| | | | | | | | u ca | | t ch | ang | ie a | Ben [| efic | eiary | on | an | UGN | MA, | /UT | MA] | Ac | COL | int.) | |
| | | | | | | | u ca | | t ch | ang | ie a | Ben [| efic | | on | an | | И <i>А,</i>][| /UT | <i>MA</i>] [| Acc | COL | (nt.) | |
| Name of Ne | w Benefic | ciary (fir | st, midd | dle init |] [] | t) | | | | ang | ie a | Ben [| | | | | | | /UT/ | <i>MA</i>] [] [| | | (nt.) | |
| Name of Ne | w Benefic | ciary (fir | st, midd | dle init |] [] | t) | | | | ang | ie a | Ben [| | Eiary | | | | | /UT | | | | (int.) | |
| Name of Ne | w Benefic | ciary (fir | st, midd | dle init |] [] | t) | | | | ang | ie a | Ben [| | | | | | | /UT | MA | Acc | | | |
| Name of Ne Social Secur | w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | ie a | | | | | | | | /UT | MA | Acc | | (nt.) | |
| Name of Ne Social Secur | w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | ie a | | | | | | | | /UT | MA | Acc | | (nt.) | |
| Name of Ne Social Secur | w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | | | | | | | | | /UT | | Acc | | (mt.) | |
| Name of Ne Social Secur Citizenship (| w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | | | | | | | | | /UT | | Acc | | (mt.) | |
| New Be | w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | | | | | | | | | /UT | | | | (mt.) | |
| Name of Ne Social Secur Citizenship (| w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | | | | | | | | | / <i>UTI</i> | | | | | |
| Name of Ne Social Secur Citizenship (| w Benefic | ciary (fir | st, midd | dle initial | tial, las | t) Numbe | er <i>(Re</i> | quire | d) | | | | | | | [| |] - | / <i>UTI</i> | | | | | |



| A | Entire balance. The SSGA Upromise 529 will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the old Account will be closed. | | | | | | | | | | | |
|----------|---|-------|--|--|--|--|--|--|--|--|--|--|
| | Do you already have an Account for the new Beneficiary? (Check one.) | | | | | | | | | | | |
| | Yes. | | | | | | | | | | | |
| | No. Go to Section 4. | | | | | | | | | | | |
| В. | Partial balance. The SSGA Upromise 529 will keep the Account for the current Beneficiary's Account open. The dollar are percentage you specify below will be transferred to the new Beneficiary's Account. | mount | | | | | | | | | | |
| | Note: If the current Account includes more than one Investment Option, the dollar amount or percentage will be taken on proportional basis from each Investment Option. | а | | | | | | | | | | |
| | OR Percentage % | | | | | | | | | | | |
| | Do you already have an Account for the new Beneficiary? (Check one.) | | | | | | | | | | | |
| | Yes. | | | | | | | | | | | |
| | No. Go to Section 4. | | | | | | | | | | | |
| | Note: If the amount you want transferred exceeds the maximum contribution limit, the excess will remain in the existing Account for your current Beneficiary. | | | | | | | | | | | |
| C | Existing Account transfers. Complete this section if you have selected "Yes" in Section 3A or 3B. If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation elected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation elected below. | tion. | | | | | | | | | | |
| | Check one. | | | | | | | | | | | |
| | I want to transfer the assets in-kind. (An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Portfolios.) Go to Section 5 . | | | | | | | | | | | |
| | I want to transfer and allocate the assets according to the new Beneficiary's current Investment Options. (By selective this option, the current investments will be liquidated, and the funds will be deposited into the new Beneficiary's Account.) Go to Section 5 . | | | | | | | | | | | |
| | I want to transfer the assets into the new Investment Option(s) selected in Section 4 . (This will not change the future contribution allocation of the new Beneficiary's Account.) Go to Section 4 . | ıre | | | | | | | | | | |

| Investment Option selection (Check only one.) | | | | | | | |
|---|--|------------------|--|--|--|--|--|
| Before choosing your Investment Options, see the Plan Descrip www.ssga.upromise529.com) or by telephone at 1.800.587. | | Options offered. | | | | | |
| A. I want to keep the same investment allocation for my | new Beneficiary. | | | | | | |
| Note: If you are invested in a College Date Portfolio and the new I former Beneficiary, your asset allocation may change. | Beneficiary is expected to begin college at a different | time than the | | | | | |
| B. I want to establish a new investment allocation as lis | sted below. | | | | | | |
| College Date Portfolios | Static Portfolios | | | | | | |
| College Date portfolios are designed to make investing as easy as selecting the year in which the beneficiary is expected to start college. With a College Date investment option, the portfolio's investment track is automatically adjusted from more aggressive to | Choose from fifteen investment options to create your over investment mix. Each Static Portfolio is invested in a sing exchange traded fund giving you options featuring differently styles or asset classes, from equity to fixed income. | gle underlying | | | | | |
| more conservative as your Beneficiary grows older (and closer to the selected college date year). | SPDR S&P 500 ETF Trust Portfolio | % | | | | | |
| SSGA College Today Portfolio | SPDR S&P MidCap 400 ETF Trust Portfolio | % | | | | | |
| SSGA College 2021 Portfolio | SPDR S&P 600 Small Cap ETF Portfolio | % | | | | | |
| SSGA College 2024 Portfolio | SPDR Portfolio Developed World ex-US ETF portfolio | % | | | | | |
| SSGA College 2027 Portfolio | SPDR S&P International Small Cap ETF Portfolio | % | | | | | |
| SSGA College 2030 Portfolio | SPDR Portfolio Emerging Markets ETF Portfolio | <u></u> % | | | | | |
| SSGA College 2033 Portfolio % | SPDR S&P Emerging Markets Small Cap ETF Portfolio | | | | | | |
| SSGA College 2036 Portfolio % | SPDR Dow Jones REIT ETF Portfolio | | | | | | |
| SSGA College 2039 Portfolio | SPDR Dow Jones International Real Estate ETF Portfolio | | | | | | |
| | SPDR Portfolio Aggregate Bond ETF Portfolio | | | | | | |
| Risk-Based Portfolios | SPDR Bloomberg Barclays TIPS ETF Portfolio | <u> </u> | | | | | |
| If you prefer investing in strategies that are designed specifically to match the level of risk you are comfortable taking on in your account, | SPDR Citi International Government Inflation-Protected Bond ETF Portfolio | | | | | | |
| then Risk-Based Portfolios may be a good fit for you. You can select | SPDR Bloomberg Barclays High Yield Bond ETF Portfolio | % | | | | | |
| an aggressive, moderate, or conservative track, depending on your risk tolerance and time horizon. | SPDR Portfolio Short Term Corporate Bond ETF Portfolio | <u>%</u> | | | | | |
| SSGA Conservative Portfolio | SPDR Bloomberg Barclays 1-3 Month T-Bill ETF Portfolio | % | | | | | |
| SSGA Moderate Portfolio % | | | | | | | |
| SSGA Aggressive Portfolio % | Savings Portfolio Option | | | | | | |
| | The assets will remain in the portfolio you select until you into a new Investment Option. | u exchange them | | | | | |
| | Savings Portfolio | % | | | | | |
| | | 1 0 0 % | | | | | |

Please remember to:

- Allocate at least 5% of your contributions to each Investment Option you choose
- Use whole numbers

5 Successor Account Owner information (Optional)

- The Successor Account Owner will take over control of the Account in the event of your death or legal incompetence.
- The person you designate as Successor Account Owner must be at least 18 years old.
- To change an existing Successor Account Owner, please go online at www.ssga.upromise529.com or call 1.800.587.7305.
- You may revoke or change the Successor Account Owner at anytime. See the Plan Description and Participation Agreement for more information.

| ſ | want to have the came Successor Account Owner for the new Reposicion |
|---|--|
| ١ | want to have the same Successor Account Owner for the new Beneficiary. |

6 Automatic Investment Plan (AIP) (Optional)

| Through AIP, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union |
|---|
| account to your SSGA Upromise 529. You may add, change, or delete bank information, or change the investment amount and frequency |
| at any time by logging on to your Account at www.ssga.upromise529.com. |
| |

| | | I would | like to | continue | my | existing | AIP | for | the | new | Bene | eficia | ary |
|--|--|---------|---------|----------|----|----------|-----|-----|-----|-----|------|--------|-----|
|--|--|---------|---------|----------|----|----------|-----|-----|-----|-----|------|--------|-----|

7 SIGNATURE—YOU MUST SIGN BELOW

By signing below I certify that:

- I have received, read, and understand the terms and conditions of the Plan Description and Participation Agreement. I understand
 that by signing this Beneficiary Change Form, I am agreeing to be bound by the terms and conditions of the Plan Description
 and Participation Agreement. I understand that the Beneficiary Change Form shall be construed, governed by, and interpreted in
 accordance with the laws of the State of Nevada.
- Except as set forth below, I understand that the Plan Description and Participation Agreement, **Account Application and Beneficiary Change Form** constitute the entire agreement between myself and the Trust (as defined in the Plan Description and Participation Agreement). No person is authorized to make an oral modification to this agreement.
- I understand that my Account in SSGA Upromise 529 is not insured by the State of Nevada or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Nevada, the Board, the Trust, the Plan, the Program Manager, State Street Global Advisors, Sallie Mae Bank, or any of their affiliates (each, as defined in the Plan Description and Participation Agreement). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in the SSGA Upromise 529 that is insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC. I understand that there is no assurance that my Account under the SSGA Upromise 529 will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (except for the Savings Portfolio as described in the Plan Description and Participation Agreement).
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the SSGA
 Upromise 529 and in any other Qualified Tuition Program offered by the State of Nevada on behalf of the Beneficiary designated in
 Section 2 of this Beneficiary Change Form to exceed the Maximum Contribution Limit established by the Board are not permitted.
 I understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in Section 17 of The SSGA Upromise 529 Plan and Participation Agreement.
- I certify that all of the information that I provided on this Beneficiary Change Form is accurate and complete and that I am
 bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating
 procedures that govern the SSGA Upromise 529.

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



SSGA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, LLC. Member, FINRA, Securities Investor Protection Corporation (SIPC).

State Street Global Advisors and SSGA are registered trademarks of State Street Corporation.

Upromise and the Upromise logo are registered service marks of Upromise, Inc.

