



**Path2College 529 Plan  
Account Information Change Form**

Use this form to add or modify Plan Account information  
**Questions?** Call toll-free 1-877-424-4377  
Or write to the Plan at P.O. Box 219293, Kansas City, MO 64121-9293  
Visit [www.path2college529.com](http://www.path2college529.com)

**Instructions**

- Complete this form to update Participant or Beneficiary's information, update an account address, or to add/change a Contingent Account Owner or Interested Party on your account.
- A Signature Validation Program (SVP) Stamp<sup>1</sup> may be required as described in Sections 2 and 5, or if you intend to withdraw funds within 30 days of an address change. *Please see the Important Information box at the end of this form for additional instructions.*

**1 Account Information** (You must provide complete information.)

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Account Number (Refer to your Account Statement)

Account Owner Name (First, MI, Last, Suffix), or Entity Name

Account Owner Email Address

Beneficiary Name (First, MI, Last)

**2 Update Account Owner and/or Beneficiary Information** (Complete all sections that apply to you.)

Please provide the new information exactly as you want it to appear on your account.

- > **Participant or Beneficiary legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 6.
- > **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

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Account Owner's Date of Birth (mm-dd-yyyy)

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Beneficiary's Date of Birth (mm-dd-yyyy)

- > **Social Security or Taxpayer ID Number correction:** Provide a copy of your Social Security or Taxpayer ID card.

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Participant's Social Security Number or Tax ID Number

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Beneficiary's Social Security Number or Tax ID Number

- > **Address or Telephone Number: Documentation is not required. (You can also make these changes online or by telephone.)**

- Account Owner                     
  Beneficiary                     
  Account Owner and Beneficiary

New Residential Address (This must be a residential street address - a P.O. Box is not acceptable.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

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Contact Telephone Number

Email Address

<sup>1</sup> Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

### 3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

<i>Investment Option Name (Investment Option Code)</i>	<i>Whole Percentage (per Investment Option)</i>	<i>Check if new Investment Option<sup>2</sup></i>
Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
100% Equity Option (1213)	%	<input type="checkbox"/> New Option
Balanced Fund Option (1214)	%	<input type="checkbox"/> New Option
Fixed Income Option (1389)	%	<input type="checkbox"/> New Option
Guaranteed Option (1215)	%	<input type="checkbox"/> New Option
Money Market Option (1390)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>	<b>100%</b>	

### 4 Add, Change or Remove Contingent Account Owner Information *(for Individual Accounts only)*

An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Plan. The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. The Contingent Account Owner must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number, who is at least 18 years of age, or an emancipated minor, at the time the account is transferred and when a contribution is made to the account, or a Trust.

Note: A Successor Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

- Add** Contingent Account Owner Designation
  **Change** an Existing Contingent Account Owner Designation
  **Remove** an Existing Contingent Account Owner Designation

Name (First, MI, Last, Suffix) or Name of Trust (Foreign Trusts are not eligible)

Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

### 5 Add, Change or Remove Interested Party

Complete this section to add change, or remove a person designated to receive duplicate copies of quarterly account statements for your account.

Please check the appropriate box:

- Add**
 **Replace**
 **Remove**

Name of Person to Receive Duplicate Statements

Mailing Address

City, State, Zip

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned. You can also use the Additional Contribution by Mail form to contribute by check at any time.

## 6 Signature and Authorization *(This section must be signed for these changes to take effect.)*

**By signing below**, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information on my Account as indicated on this *Account Services Form*. If I have changed my address, I understand that a withdrawal cannot be processed for 30 days, unless a medallion signature guarantee<sup>3</sup> appears below.

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner, as described in the *Disclosure Booklet*, upon submission of an acceptable proof of death and upon submission of a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner.** (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.)<sup>1</sup>

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

### Important Information

A Signature Validation Program (SVP) Stamp is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Program and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

**Note: A Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.**

**AFFIX SVP STAMP HERE**

**Mail this form to:**

**Overnight Mail**

Path2College 529 Plan  
430 W 7<sup>th</sup> Street, Suite 219293  
Kansas City, MO 64105-1407

**Regular Mail**

Path2College 529 Plan  
P.O. Box 219293  
Kansas City, MO 64121-9293



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<sup>3</sup> Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.