



**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
PO Box 55924, Boston, MA 02205-5924
Visit 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) Stamp¹ 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.*
- Print in capital letters with blue or black ink.

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

--	--	--	--	--	--	--	--	--	--	--	--

Account Number (Refer to your Account Statement)

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

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)

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

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

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

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.

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

Participant's Social Security Number or Tax ID Number

		-			-						
--	--	---	--	--	---	--	--	--	--	--	--

Beneficiary's Social Security Number or Tax ID Number

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

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

()	-						
---	--	--	--	--	--	--	--	--	--	--	--	---	---	--	--	--	--	--	--

Contact Telephone Number

E-mail Address

¹ 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.

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 guarantee³ 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.)¹

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

Date

Important Information

A Signature Validation Program Stamp is required for all entity Accounts or 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:
Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

GA1011.ASF/A12336

³ 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.