



ScholarShare College Savings Plan Account Information Change Form

Questions? Call toll-free 1.800.544.5248
Or write to the Plan at P.O. Box 219185 Kansas City, MO 64121-9185
Visit www.ScholarShare529.com

Instructions

- You can update certain Participant or Beneficiary information online, by telephone, or you can mail this form to the Plan.
- A Signature Validation Program (SVP) Stamp may be required as described in Section 6, 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.*
- You must submit a separate Account Information Change Form for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting scholarshare529.com
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.

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

Plan Account Number

Telephone Number

Participant or Custodian Name (First, MI, Last, Suffix), or Entity Name

Participant Email Address

Beneficiary Name (First, MI, Last, Suffix)

2 Update Participant and/or Beneficiary Information *(Complete all sections that apply.)*

You can update certain Participant or Beneficiary information online, by telephone or through this form, as described below.

- Legal name change:** Provide legal documentation
- Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

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

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

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

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

Social Security or Taxpayer ID Number: Provide a copy of your U.S. government issued 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 online or by telephone.)

Account Owner

Beneficiary

Account Owner and Beneficiary

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

Day Telephone Number

Evening Telephone Number

5 Add, Replace or Remove Interested Party

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

Please check the appropriate box:

<input type="checkbox"/> Add	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove
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Name of Person to Receive Duplicate Statements

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Mailing Address

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City, State, Zip

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 Participant, Beneficiary and/or Successor Participant information as indicated on this Form.

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

I certify that I am the Participant, or I have the authority to act as the Participant.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Participant, Custodian or Authorized Representative of an Individual or Entity</i>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date</i>
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IMPORTANT INFORMATION

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 is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed. A Signature Validation Program (SVP) Stamp is required if you intend to withdraw funds within 30 days of any address change. Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees 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 is the appropriate person to provide instruction. 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.

GUARANTOR TO AFFIX STAMP HERE

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Mail To:



Overnight Mail
 ScholarShare College Savings Plan
 430 W 7th Street Suite 219185
 Kansas City, MO 64105-1407

Regular Mail
 ScholarShare College Savings Plan
 P.O. Box 219185
 Kansas City, MO 64121-9185