



ScholarShare College Savings Plan Trustee Authorization for Online Account Access Form (For Trust Accounts Only)

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

- Use this form to request online account access for a trust account. By signing this form, all trustees will authorize **only one trustee** to have online account access, including any future online enhancements.
- All trustees must have their signature notarized in Section 4, or an executed All Purpose Certificate of Acknowledgement must accompany this form.
- Include a copy of the Trust agreement with this form, specifically the section(s) in which the trust is established and the trustee(s) named.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.
- Allow 7-10 days for mail and processing time, then visit at www.ScholarShare529.com to establish online account access. You will be notified only if your submission is incomplete and/or additional information is required.

1 Trust Information

Provide the trust name, date of the trust agreement and trustee name(s).

Name of Trust (Line 1)

Name of Trust (Line 2)

Date of Trust Agreement

Email Address

1 - Trustee Name (First, MI, Last, Suffix)

2 - Trustee Name (First, MI, Last, Suffix)

3 - Trustee Name (First, MI, Last, Suffix)

2 Account Information

Provide the account number and beneficiary name for each account owned by the trust and for which online account access is requested.

> Account 1

ScholarShare Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

> Account 2

ScholarShare Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

> Account 3

ScholarShare Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

<p>_____</p> <p><i>Trustee Name (Print)</i></p> <hr/> <p>_____</p> <p><i>Trustee Signature</i></p> <hr/> <p>_____</p> <p><i>Date (mm/dd/yy)</i></p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____</p> <p style="text-align: center;">(insert name(s))</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>
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<p>_____</p> <p><i>Trustee Name (Print)</i></p> <hr/> <p>_____</p> <p><i>Trustee Signature</i></p> <hr/> <p>_____</p> <p><i>Date (mm/dd/yy)</i></p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>State of _____</p> <p>County of _____)</p> <p>On _____ before me,</p> <p>_____</p> <p>(insert name and title of the officer)</p> <p>personally appeared</p> <p>_____</p> <p style="text-align: center;">(insert name(s))</p> <p>who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct</p> <p>WITNESS my hand and official seal.</p> <p>_____ (Notary Seal)</p> <p>Signature of Notary Public</p>
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Mail this form 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

