DO NOT STAPLE

CollegeAdvantage Direct 529 Savings Plan

Account Information Change Form

Ohio's 529 COLLEGEADVANTAGE

- Use this form to change: your name, mailing address, phone number, email address, Successor Account Owner, Beneficiary information or Interested Party information.
- If you are changing your name you must provide a legal document such as a copy of a marriage certificate, court document, driver's license, or copy of a Social Security card.
- If you are changing the Account Owner of an existing account, you must complete an **Account Owner Change Form.**
- If you are changing the Beneficiary, you must submit a **Beneficiary Change Form.**
- 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.

Forms can be downloaded from our website at **www.CollegeAdvantage.com,** or you can call us to order any form — or request assistance in completing this form — at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan
P.O. Box 219305
Kansas City, MO 64121-9305

For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Current Account Owner information

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Account Number(s) *(To list more than three Accounts, use a separate copy of this page.)*

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Name of Account Owner *(first, middle initial, last)*

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Telephone Number *(In case we have a question about your Account.)*

2. Information to update or change

☐ Account Owner — **Section 3**

☐ Beneficiary — **Section 4**

☐ Successor Owner — **Section 5**

☐ Interested Party — **Section 6**

OH INFO CHANGE

3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your CollegeAdvantage Direct Account.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, driver's license, or copy of a Social Security card.

Name of Account Owner *(first, middle initial, last)*

— —
Telephone Number *(In case we have a question about your Account.)*

Email Address

Permanent Street Address *(P.O. box or rural route number is **not** acceptable.)*

City State Zip Code —

Account Mailing Address if different from above *(This address will be used as the Account's Address of Record and for all Account mailings.)*

City State Zip Code —

4. Beneficiary information

Complete this section to provide a missing or corrected Social Security number or Date of Birth for a Beneficiary.

- If you are changing the Beneficiary, you must submit a **Beneficiary Change Form**.

Name of Beneficiary *(first, middle initial, last)*

— —
Beneficiary Social Security Number or Taxpayer Identification Number ***(Required)***

— —
Beneficiary Birth Date *(mm/dd/yyyy)*

5. Successor Owner information

- Complete this section only if you are adding, replacing, changing information, or removing Successor Owner information on your Account. The Successor Owner will automatically become the Account Owner upon death, incompetence or permanent disability of the original Account Owner.
- You may revoke or change the Successor Owner at any time. See the *CollegeAdvantage Direct 529 Savings Plan Offering Statement and Participation Agreement* for more information.
- The person you designate as Successor Owner **must be at least 18 years old.**
- Complete Section 6 if you want your Successor Owner to also be an Interested Party

Check one.

☐ Add New ☐ Replace Existing ☐ Change Current Information ☐ Delete

Name of Successor Owner *(first, middle initial, last)*

Social Security Number/Taxpayer Identification Number

Birth Date *(mm/dd/yyyy)* ***(Required)***

Mailing Address *(Include apartment or box number, if applicable)*

City

State

Zip Code

6. Interested Party information

- Complete this section if you want additional persons as an Interested Party to receive quarterly statements on the Account or if you are replacing or changing Interested Party information on your Account. To add or change information for more than one Interested Party, use a separate copy of this page.

Check one.

☐ Add ☐ Replace ☐ Change current information ☐ Delete

Name of Interested Party *(first, middle initial, last)*

Address

City

State

Zip Code

Telephone Number *(In case we have a question about your Account.)*

Relationship to Account Owner

☐ Compliance* ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

*If you are employed by a Financial Services Firm you may be required to send duplicate account statements and account transaction confirmations to your employer's compliance department.

7. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my CollegeAdvantage Direct Account(s). This information replaces any existing information on file with the Ohio Tuition Trust Authority. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner, I certify that the Successor Owner Social Security Number provided is correct, and that the Successor Owner is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner

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Date *(mm/dd/yyyy)*

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