

Account Information Change Form

Complete this form and return to:

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

Instructions:

Please print clearly in blue or black ink. You can use this form for the following account updates:

- Update the address of the Account Owner, Beneficiary, or Successor Owner. This function is also available online when you log in to your account.
- Make a correction or update the Account Owner or Beneficiary name due to divorce, marriage, adoption, etc.
- If you are changing the Account Owner of an existing account, you must submit an Account Owner Change Form.
- Provide a missing or corrected Social Security number for a Beneficiary.
- Provide a corrected date of birth for the Beneficiary.
- If you are changing the Beneficiary, you must submit a Beneficiary Change Form.
- Add a Successor Owner, change from an existing to a new Successor Owner, or provide updated information for existing Successor Owner.
- SIGNATURE REQUIRED** on last page.

1 Current Account Owner information

CollegeAdvantage Guaranteed 529 Savings Plan Account Number(s) (To list more than three accounts, use a separate copy of this page.)

_____ M.I. _____ Last name

Current Account Owner's first name (as it currently appears on file)

_____ - _____ - _____ (_____) _____ - _____

Current Account Owner's Social Security Number Home phone/Cell phone (In case we have a question about your account)

2 Information to update (check all that apply)

- Account Owner address – **Section 3**
- Account Owner name – **Section 4**
- Beneficiary Social Security Number, name, or date of birth – **Section 5**
- Successor Owner – **Section 6**

3 Updated Account Owner address

Current Account Owner's new mailing address (include apartment or box number, if applicable)

City State ZIP code

Email

() - ()
Home phone/Cell phone Work phone

Check here if residential address is same as mailing address. If checked, go to signature Section 7. If different, please complete below.

New residential address (no P.O. boxes)

Current Account Owner's new residential address (include apartment number if applicable)

City State ZIP code

4 Updated Account Owner name

If updating the name of the Current Account Owner, provide reason for change and submit documentation supporting the legality of the change (copy of any one of the following: divorce papers, marriage license, driver's license, Social Security card, etc.) with this form.

First name M.I. Last name

Reason for update

Marriage Divorce Legal name change Other

5 Updated Beneficiary information

Complete this section to provide a missing or corrected Social Security Number or Date of Birth for a Beneficiary, or to update the Beneficiary's name. If you are changing the Beneficiary, you must submit a Beneficiary Change Form. If updating the Social Security Number, name, or date of birth of the Beneficiary, provide reason for update and submit documentation supporting the legality of the update (copy of adoption papers, Social Security card, etc.) with this form.

Beneficiary's CollegeAdvantage Guaranteed 529 Savings Plan account number

First name (Beneficiary name as it currently appears on file) M.I. Last name

Update Beneficiary name below

Beneficiary's updated first name M.I. Last name

Change or update Social Security number on file

Existing Social Security Number New Social Security Number

Change date of birth on file

Date of birth currently on file (mm/dd/yyyy) Updated date of birth (mm/dd/yyyy)

Signature required ➔

