OHIO TUITION TRUST AUTHORITY

CollegeAdvantage®

GUARANTEED 529 SAVINGS PLAN

For more information visit **www.CollegeAdvantage.com** or call **1-800-AFFORD-IT** (233-6734).

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 your 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.)

Current Account Owner's first name (as it currently appears on file) | M.I. | Last name

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

6 Successor Owner information

Reason for change

☐ Add ☐ Change from existing to a new Successor Owner ☐ Update/Correct Info ☐ Delete

This information will replace any existing instructions on file for the accounts listed below. The Successor Owner will automatically become the Account Owner upon the death, incompetence, or permanent disability of the Account Owner. The Successor Owner must be a different person than the Account Owner or the Beneficiary, and must be an adult, age 18 or older. To list more than three accounts, use a seperate copy of this page. You may delete or change the Successor Owner at any time.

CollegeAdvantage Guaranteed 529 Savings Plan account number(s) | Beneficiary first and last name

_____ **and/or** _____

_____ **and/or** _____

_____ **and/or** _____

Successor Owner's first name | M.I. | Last name

Successor Owner's Social Security Number | Successor Owner's date of birth (mm/dd/yyyy)

Successor Owner's mailing address (include apartment or box number, if applicable)

City | State | ZIP code

( ) – Successor Owner's Home phone/Cell phone | ( ) – Work phone

7 Signature (Required)

I hereby make the changes or additions noted above to my CollegeAdvantage Guaranteed 529 Savings Plan 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 Owner, I certify the Social Security Number provided is correct, and that the Successor Owner is a U.S. citizen or resident alien.

Signature of Account Owner (Required) | Date (mm/dd/yyyy)