

- ▶ Use this form to request the following changes:
 - » Change of Beneficiary
 - » Change of Account Owner
 - » Change of Successor Account Owner
 - » Update Social Security Number
 - » Legal Name Change
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ **Complete a separate form for each account, and upload to access.pc529.com.**
- ▶ **Questions?** Visit privatecollege529.com or call us at **1-888-718-7878**.

1. CURRENT ACCOUNT INFORMATION

<input style="width: 95%;" type="text"/> Account Number <i>(required)</i>	<input style="width: 95%;" type="text"/> Account Owner, Custodian, or Entity Name <i>(first, MI, last, suffix) (required)</i>	
<input style="width: 95%;" type="text"/> Primary Phone Number	<input style="width: 95%;" type="text"/> Alternate Phone Number	<input style="width: 95%;" type="text"/> Last 4 Digits of Account Owner Social Security Number or Taxpayer ID Number <i>(required)</i>
<input style="width: 95%;" type="text"/> Account Owner Email Address		
<input style="width: 95%;" type="text"/> Beneficiary Name <i>(first, MI, last, suffix) (required)</i>	<input style="width: 95%;" type="text"/> Last 4 Digits of Beneficiary Social Security Number or Taxpayer Identification Number <i>(required)</i>	

2. CHANGE THE BENEFICIARY

Use this section to replace an existing Designated Beneficiary. Any new Designated Beneficiary must be a "member of the family" of the current Designated Beneficiary, as defined in the Plan Disclosure Statement and Enrollment Agreement (Complete **Section 8**).

<input style="width: 95%;" type="text"/> New Beneficiary Name <i>(first, MI, last, suffix)</i>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input style="width: 95%;" type="text"/> Street Address Line 1 <i>(no p.o. box)</i>	<input style="width: 95%;" type="text"/> Street Address Line 2	
<input style="width: 95%;" type="text"/> City	<input style="width: 95%;" type="text"/> State	<input style="width: 95%;" type="text"/> ZIP Code
<input style="width: 95%;" type="text"/> Social Security Number or Taxpayer ID Number	<input style="width: 95%;" type="text"/> Relationship to Account Owner	<input style="width: 95%;" type="text"/> Date of Birth <i>(mm/dd/yyyy)</i>
<input style="width: 95%;" type="text"/> Email Address	<input style="width: 95%;" type="text"/> / <input style="width: 95%;" type="text"/> Projected Enrollment Year <i>(Academic Year: yyyy/yyyy)</i>	

3. CHANGE THE ACCOUNT OWNER

Use this section to replace an Account Owner. Any new Account Owner must be at least 18 years old and will assume all rights with respect to the account that you, as the account owner, now have. This designation overrides any previous designation(s).

- ☐ **I am the current Account Owner.** I hereby transfer all my right, title, and interest in the above referenced Private College 529 Plan account to the new designated Account Owner listed in **Section 3**. (Complete **Sections 4, 8, 9 and 10**.)
- ☐ **The current Account Owner is deceased and I am the Contingent Account Owner of the account listed in Section 1.** I have attached a certified copy of the Account Owner's death certificate. (Complete **Sections 4, 9 and 10**.)
- ☐ **The current Account Owner is deceased and I am not the Contingent Account Owner of the account listed in Section 1.** I have attached a certified copy of the Account Owner's death certificate and a copy of the court documentation giving evidence of my appointment as Executor/ix of the Account Owner's estate. (Complete **Sections 4, 9 and 10**.)

New Account Owner Name (first, MI, last, suffix)

Street Address Line 1 (no p.o. box)

Street Address Line 2

City

State

ZIP Code

Social Security Number or Taxpayer ID Number

Date of Birth (mm/dd/yyyy)

Daytime Phone Number

Evening Phone Number

Email Address

Alma Mater

Alma Mater State

Your name and address may be provided to any Participating Institution (not limited to your sample schools) for purposes of providing you information about their educational programs, unless you elect not to have your information disclosed for this purpose by checking the box below.

- ☐ **I choose not to have my information disclosed to institutions for the purpose of receiving materials from them, even though none would be sent until my Beneficiary reaches high school age.**

4. CHANGE THE SUCCESSOR ACCOUNT OWNER

Use this section to replace or add a Successor Account Owner. In the event of your death or disability, ownership of all assets in the account will be transferred to the Successor Account Owner. A Successor Account Owner must be at least 18 years old and will assume all rights with respect to the account that you, as the account owner, now have. This designation overrides any previous designation(s). Enforceability of a Successor Account Owner designation may vary by state. Check with your estate planning attorney. (Complete **Section 9**.)

New Successor Account Owner Name (first, MI, last, suffix)

Street Address Line 1 (no p.o. box)

Street Address Line 2

City

State

ZIP Code

Social Security Number or Taxpayer ID Number

Date of Birth (mm/dd/yyyy)

Daytime Phone Number

Evening Phone Number

Email Address

5. UPDATE ACCOUNT OWNER INFORMATION

Please provide updated information for all that apply.

- ▶ For a **legal name change**, you must provide legal documents certifying your name change. (Complete **Sections 9 and 10**.)
- ▶ For a **misspelled name or incorrect date of birth**, you must provide a copy of the birth certificate. (Complete **Section 9**.)
- ▶ For **corrections to a Social Security Number or Taxpayer Identification Number**, you must provide a copy of your U.S. government-issued Social Security or Taxpayer ID card. (Complete **Section 9**.)

Corrected or Legally Changed Name (first, MI, last, suffix)

Corrected Social Security Number or Taxpayer ID Number

 | |

Corrected Date of Birth (mm/dd/yyyy)

6. UPDATE BENEFICIARY INFORMATION

Please provide updated information for all that apply.

- ▶ For a **legal name change**, you must provide legal documents certifying your name change.
- ▶ For a **misspelled name or incorrect date of birth**, you must provide a copy of the birth certificate.
- ▶ For **corrections to a Social Security Number or Taxpayer Identification Number**, you must provide a copy of your U.S. government-issued Social Security or Taxpayer ID card.

Corrected or Legally Changed Name (first, MI, last, suffix)

Corrected Social Security Number or Taxpayer ID Number

 | |

Corrected Date of Birth (mm/dd/yyyy)

7. UPDATE SUCCESSOR ACCOUNT OWNER INFORMATION

Please provide updated information for all that apply.

- ▶ For a **legal name change**, you must provide legal documents certifying your name change.
- ▶ For a **misspelled name or incorrect date of birth**, you must provide a copy of the birth certificate.
- ▶ For **corrections to a Social Security Number or Taxpayer Identification Number**, you must provide a copy of your U.S. government-issued Social Security or Taxpayer ID card.

Corrected or Legally Changed Name (first, MI, last, suffix)

Corrected Social Security Number or Taxpayer ID Number

 | |

Corrected Date of Birth (mm/dd/yyyy)

8. NEW ACCOUNT OWNER SIGNATURE & AUTHORIZATION (This section must be signed.)

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Enrollment Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

Signature of New Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

9. CURRENT ACCOUNT OWNER SIGNATURE & AUTHORIZATION *(This section must be signed.)*

By signing below, I agree to the terms and conditions set forth below and in the Plan Disclosure Statement and Enrollment Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act on behalf of the Account Owner, and additionally that:

It is my intent to change the Beneficiary, Account Owner and/or the Successor Account Owner on the above-referenced account. I understand that there are restrictions under the federal tax laws on a change of Beneficiary that are summarized in the Plan Disclosure Statement and Enrollment Agreement. I understand that if I am changing the Successor Account Owner in Section 4, I certify that it is my intent to revoke the current Successor Account Owner and name a new Successor Account Owner. I agree to notify my successor Account Owner of his/her status. I agree to the same representations, warranties, and agreements for my new beneficiary as were stated in the original Account Enrollment Application for my current beneficiary. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Plan Disclosure Statement, including the Enrollment Agreement. I understand that the Plan Disclosure Statement and Enrollment Agreement may be amended from time to time and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Private College 529 Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Current Account Owner

Date

10. SIGNATURE GUARANTEE

- ▶ If you are changing your name, your former signature and your new signature must be guaranteed.
- ▶ Authorized officers of certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange may provide a signature guarantee. A notary public **cannot** provide a medallion signature guarantee.
- ▶ **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

I certify that the information provided herein is true and complete in all respects.

Signature of Account Owner

Date (mm/dd/yyyy)

Title/Name of Institution

Authorized Officer to Place Stamp Here

Private College 529 Plan (the Plan) is established and maintained by Tuition Plan Consortium, LLC (TPC). Intuition College Savings Solutions, LLC (Intuition) is the Plan Administrator. Participation in the Plan does not guarantee admission to any college or university. Tuition Certificates are neither insured nor guaranteed by the FDIC, TPC, any government agency, Intuition or their respective subcontractors and affiliates. However, Tuition Certificates are guaranteed by colleges and universities solely for tuition and mandatory fee credits. Please read the Disclosure Statement and Enrollment Agreement carefully and consider your financial objectives and risks before purchasing a Tuition Certificate. TPC, Intuition and their respective subcontractors and affiliates do not provide financial, legal or tax advice. See www.privatecollege529.com for more information.