

Use this form to: (check all that apply)

- Change your address\*
- Change your legal name due to marriage, divorce or for some other reason
- Add or update your email address for E-Delivery\*
- Add or update your Successor Account Owner
- Add or update Interested Party or Additional Mail information

\*You can also log in online at [www.futurescholar.com](http://www.futurescholar.com) to complete this option.

If you have questions completing this form, please call us toll free at **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

**Regular Mail:**

Future Scholar 529 Plan  
P.O. Box 219812  
Kansas City, MO 64121-9812

**Overnight Mail:**

Future Scholar 529 College Savings Plan  
801 Pennsylvania Ave STE 219812  
Kansas City, MO 64105-1307

**I. Current Account Information**

**A. Designated Beneficiary's Account Information**

Current Account Number

Designated Beneficiary's First name

Middle initial

Last name

Designated Beneficiary's Social Security number or other taxpayer identification number

Date of birth (MM/DD/YY)

**B. Account Owner Information**

If not an individual, indicate the type of entity (e.g., a trust) and insert the entity's legal name.

Primary Account Owner's First name (or entity name)

Middle initial

Last name

Social Security number or other taxpayer identification number

Date of birth (MM/DD/YY)

Mobile Phone Number

Home Phone Number

Joint Account Owner's First name

Middle initial

Last name

## II. Updated Account Owner Information

- Complete this section to update an Account Owner's or the Designated Beneficiary's name due to marriage, divorce or for another reason.
- If changing a name, a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp must also be provided in this section.

### New Name to be shown on account:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (or entity name)	Middle initial	Last name

Contact telephone number

### Former Name (as currently shown on account)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name (or entity name)	Middle initial	Last name

### I hereby certify that:

(Please print former name)

and

(Please print new name)

**are One and the Same Person.**

\*Signature (former name)

Date

\*Signature (new name)

Date

### MSG or SVP Stamp

The Transfer Agent may require a MSG or SVP for your signature in order to process certain transactions. A MSG or SVP Stamp may be executed by any eligible institution, including, but not limited to, the following: banks, credit unions, savings associations, brokers or dealers. An eligible guarantor institution providing an MSG must participate in one of the three Medallion Signature Guarantee programs recognized by the Securities and Exchange Commission. These Medallion Signature Guarantee programs include the Securities Transfer Agents Medallion Program (STAMP), the Stock Exchanges Medallion Program (SEMP) and the New York Stock Exchange Medallion Signature Program (MSP). A MSG or SVP stamp helps assure that a signature is genuine and not a forgery. Notarization by a notary public is not an acceptable signature guarantee or signature validation. The Transfer Agent reserves the right to reject a signature guarantee or signature validation and to request additional documentation for any transaction.

## III. Updated Address Information

- Complete this section to update your address on file.
- This address change applies to the following person(s) listed on the account (check all that apply):
  - Primary Account Owner
  - Joint Account Owner
  - Designated Beneficiary

Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
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.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

Contact telephone number

## IV. Electronic Delivery of Documents (E-delivery)

**Yes!** I want to save paper and have my statements, Program Descriptions and other materials provided to me electronically rather than in the mail.

E-mail address for Electronic Delivery of Documents

I understand that, by checking the box above, I hereby consent to receive statements, Program Descriptions and supplements electronically. If I do not consent above, understand that I will receive my documents/statements in paper format through U.S. mail. I understand that I will receive an email notice indicating that the most recent documents or statements are available for viewing and downloading at [www.futurescholar.com](http://www.futurescholar.com) and that I will need to establish a login ID and password to view these materials. I may change my electronic delivery preferences or unsubscribe from e-delivery at any time by logging into my account online or by calling 1.888.244-5674

## V. Successor Account Owner

Fill in this section for a new Successor Account Owner or for a change of Successor Account Owner.

- Add successor Account Owner
- Replace successor Account Owner
- Update current successor Account Owner information
- Remove the successor Account Owner

First Name (or entity name)

Middle initial

Last name

Social Security number or other taxpayer identification number

Date of birth (MM/DD/YY)

## VI. Interested Party and Additional Mail Information

Fill in this section if you want additional persons as an interested party to receive quarterly statements as well as confirmation statement copies on the Account or if you are replacing or changing interested party information on your account. **The interested party and additional mail party(s) listed on your account are able to call and receive account-specific information, but they are not authorized to transact on the account.**

- Add interested party
- Replace interested party
- Update current interested party information
- Remove the interested party information

First Name (or entity name)

Middle initial

Last name

Street Address

City

State

Zip Code

## VII. Signatures

By signing below, I certify that I am the Account Owner of the Account indicated on this form, that the information provided on this form is in all respects true, complete and correct, that the information change(s) and/or action authorized on this form is to be reflected or taken, as applicable, in accordance with the current Future Scholar 529 College Savings Plan Program Description, and that I fully understand the consequences of such change(s) and/or action

Please note, this form may not be submitted to change the account registration in any way other than altering one name (generally resulting from marriage, divorce, etc.).

\_\_\_\_\_  
Print Name of Account Owner or Authorized Individual

\_\_\_\_\_  
Print Name of Joint Account Owner, if applicable

**X** \_\_\_\_\_  
Account Owner's signature (Include capacity, if applicable)

**X** \_\_\_\_\_  
Joint Account owner's signature (required for joint registration)

