Schwab 529 Education Savings Plan

Account Maintenance Form

charles SCHWAB

- Use this form to update account information, such as a name or address. If the update involves a name change, please attach a certified copy of the legal documentation to support the change. Use this form to also add, change or remove a Successor Account Owner or Successor Responsible Individual.
- 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.

Return this form and any other required documents to:

Schwab 529 Plan
P.O. Box 2906
Shawnee Mission, KS 66201-2906

Or, fax to: **1-617-559-8913**

Forms can be downloaded from our website at **schwab.com/forms,** or you can call us to order any form — or request assistance in completing this form — at **1-888-903-3863**.

1. Account Owner information

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7 1 ☐☐☐☐☐☐☐ — ☐☐

7 1 ☐☐☐☐☐☐☐ — ☐☐

Account Number(s) *(To list more than three Accounts, use a separate sheet.)*

Name of Primary Account Owner/Responsible Individual/Custodian *(first, middle initial, last)* or Entity/Trust

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

☐☐☐ — ☐☐☐ — ☐☐☐☐

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

2. Information to update or change

☐ Account Owner/Responsible Individual/Custodian — **Sections 3a** and/or **3b**

☐ Trust Information — **Section 3c**

☐ Designated Beneficiary Information — **Section 4**

☐ Successor Account Owner/Responsible Individual — **Section 5**

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SCHWAB 529 ACCT MAINT

3. Update Account Owner/Responsible Individual/Custodian information

- If you are changing your contact information or making a legal change to your name, provide the new information exactly as you would like it to appear on your Schwab 529 Plan Account.
- If you are changing your name, please attach the certified copy of the legal documentation to support the change or provide a signature guarantee in **Section 7**.

A. **Primary Account Owner/Responsible Individual/Custodian**

Name of Primary Account Owner/Responsible Individual/Custodian *(first, middle initial, last)*

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

Email Address

Permanent Street Address *(A P.O. box 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 for all Account mailings.)*

City State ZIP Code —

B. **Joint Account Owner**

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

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

☐ Check if Joint Account Owner's address is the same as the Account Owner's above, otherwise complete the following:

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City State ZIP Code —

C. **Trust Account Owner**

Trust Name

— —
Trust Date *(mm/dd/yyyy)*

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

Permanent Street Address *(This address will be used as the Account's address of record for all Account mailings.)*

City State ZIP Code —

4. Update Designated Beneficiary's information

- Complete this section only if you are changing or updating the Designated Beneficiary's name or address on your Account. If you are changing the beneficiary's name, please attach the certified copy of the legal documentation to support the change or provide a signature guarantee in **Section 7**.
- Complete a **Designated Beneficiary Change Form** if you are changing the Designated Beneficiary.

Designated Beneficiary's Name *(first, middle initial, last)*

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City | State | ZIP Code

5. Successor Account Owner/Successor Responsible Individual information

- Complete this section only if you are adding or changing the Successor Account Owner or Successor Responsible Individual information on your Account.
- You may revoke or change the Successor Account Owner or Successor Responsible Individual at any time. See the Schwab 529 Plan Guide and Participation Agreement (Guide) for more information.

Check one.

☐ Add ☐ Change

Name of Successor Account Owner or Successor Responsible Individual *(first, middle initial, last)*

Social Security Number | Birth Date *(mm/dd/yyyy)*

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City | State | ZIP Code

6. Signature — YOU MUST SIGN BELOW *(However, if you opt to obtain a signature guarantee instead of providing a certified copy of the legal documentation for a name change of anyone registered on the account, you may skip this section and complete **Section 7** instead.)*

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Guide, and understand the rules and regulations governing the Schwab 529 Plan.

SIGNATURE

Signature of Primary Account Owner/Responsible Individual/Custodian | Date *(mm/dd/yyyy)*

SIGNATURE

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

7. Signature Guarantee — IF APPLICABLE

Please sign exactly as your new name will appear on the account. A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. The signature(s) must correspond in every particular, without alteration, with the name(s) printed on the current account registration. Each signature must be guaranteed by a participant in a Securities Transfer Association Signature Guarantee Program. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations participate in such programs. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed" and must be signed on behalf of the guarantor by an authorized person.

Note: Acknowledgement of signature by a notary public is NOT acceptable. Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

SIGNATURE

Signature of Primary Account Owner/Responsible Individual/Custodian

SIGNATURE

Signature of Joint Account Owner

SIGNATURE

Signature of Guarantor

Title

Name of Institution

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

American Century Investment Services, Inc., Distributor.