

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 Learning Quest 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.)*

State ZIP Code —

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.)*

State ZIP Code —

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.)*

State ZIP Code —

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.)*

State ZIP Code —

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 Learning Quest 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 Learning Quest 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