

Pennsylvania 529 Guaranteed Savings Plan

Services for Your Account



By completing this form, you can make the following changes to your account:

- Change your name, address, or telephone number (address and telephone number may be changed online at www.PA529.com).
- Change the Account Owner.
- Add, change, or stop automatic contributions (automatic contributions may be modified online at www.PA529.com).
- Change the Beneficiary of your Account.
- Change the Tuition or Residency Levels for your Account (Tuition and Residency Levels may be changed online at www.PA529.com).
- Enroll in the SAGE Scholars Program (you may enroll in SAGE online at www.PA529.com).
- Add or change Successor Owner information.

Please complete the first section of the form, "Current Account Owner Information" and the section or sections that correspond to the changes that you would like to make to your Account.

Note that **Section 2** (if you would like to change your name) and **Section 3** require a Signature Guarantee.

For additional information, call toll free **1.800.440.4000**.

Send this completed form to:

Pennsylvania 529 Guaranteed Savings Plan
P.O. Box 55463
Boston, MA 02205-8114

For overnight delivery or registered mail, send the completed form to:

Pennsylvania 529 Guaranteed Savings Plan
95 Wells Avenue, Suite 155
Newton, MA 02459



Please complete the Account Owner information below and the sections that correspond with the service(s) you are requesting for your Account. Then proceed to Section 10, where your signature is required. If you would like to add services to more than one Pennsylvania 529 Guaranteed Savings Plan (GSP) Account, please complete a separate Services For Your Account Form for each Account. Review your GSP Disclosure Statement for information regarding the following service options. If you need assistance, call our Service Center at 1-800-440-4000.

1. Current Account Owner Information

GSP Account Number

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

Last 4 Digits of Social Security Number of Other Taxpayer ID Number

Birth Date (*month, year*)

Best Daytime Contact Number

Additional Contact Number (Optional)

2. New Information for Current Account Owner

If you are changing your contact information, provide the new information exactly as how you would like it to appear on your GSP Account. Please note that if you are changing your name you will be required to provide a Signature Guarantee at the end of this section.

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

Best Daytime Contact Number

Additional Contact Number (Optional)

Address

City

State

Zip

E-mail Address

Signature Guarantee — IF APPLICABLE

For your protection, a Signature Guarantee is required if you are changing your name. A Signature Guarantee may be obtained from a bank or brokerage firm where you maintain an account. Please note that notarizations from a notary public are NOT acceptable.

Former Signature of Account Owner

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

Date (*month, day, year*)

Authorized Officer to Place Stamp Here

3. Change of Account Owner

Please be aware that by completing and signing this section, both the current and new Account Owners agree to the transfer of ownership of the GSP Account referenced below and to the following:

1. If the Account's Beneficiary is not a resident of Pennsylvania, the new Account Owner is a Pennsylvania resident.
2. The new Account Owner is 18 years of age or older.
3. The transfer of ownership is not being effected because of payment or consideration of any kind.

GSP Account Number

Name of New Account Owner (first, middle initial, last)

Social Security Number or Taxpayer Identification Number

Birth Date or Trust Date (month, day, year)

Best Daytime Contact Number

Additional Contact Number (Optional)

Address

City

State

Zip

E-mail Address

PA Resident (select one):

Yes, County of Residence is

No

Signature Guarantee — IF APPLICABLE

For your protection, a Signature Guarantee is required if you are changing account owner. A Signature Guarantee may be obtained from a bank or brokerage firm where you maintain an account. Please note that notarizations from a notary public are NOT acceptable.

Signature of Current Account Owner

Signature of Guarantor

Title

Name of Institution

Date (month, day, year)

Signature of New Account Owner

Authorized Officer to Place Stamp Here

Date (month, day, year)

6. New Designated Beneficiary Information

(All information on the proposed new Beneficiary must be included before the change can take effect.)

Name of Beneficiary *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number

Birth Date or Trust Date *(month, day, year)*

Address

City

State

Zip

Best Daytime Contact Number

PA Resident *(select one):*

 Yes, County of Residence is
 No

Projected Date of College Enrollment *(month, day, year)*

If you do not specify the Beneficiary's projected date of College Enrollment, the GSP will deem the Projected Date of College Enrollment to be the August immediately after the date the Beneficiary reaches 18 years of age.

You can change the Beneficiary of your Account to a new Beneficiary if the new Beneficiary is a "member of the family" of the prior Beneficiary including (i) a son or daughter, or a descendant of either; (ii) a stepson or stepdaughter; (iii) a brother, sister, stepbrother or stepsister; (iv) the father or mother, or an ancestor of either; (v) a stepfather or stepmother; (vi) a son or daughter of a brother or sister; (vii) a brother or sister of the father or mother; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; (ix) the spouse of the Beneficiary or of any of the other foregoing individuals; or (x) a first cousin. For this purpose, a child includes a legally adopted child, and a foster child and a brother or sister includes a brother or sister by half-blood.

You may not change the Beneficiary if such change would cause the aggregate Account balances of all PA 529 Accounts for the new Beneficiary to exceed the Maximum Contribution Limit for the new Beneficiary (see the GSP Disclosure Statement under the section "Making Contributions—Maximum Contribution Limit"). A change in Beneficiary might be treated as a gift from the previous Beneficiary to the new Beneficiary in certain circumstances, and therefore may have gift tax implications.

You should also consult the GSP Disclosure Statement and/or your tax advisor for potential consequences associated with this transaction.

7. Change of Tuition and Residency Levels

Please select your new election from the options below. You may change your designation at any time. Please note that if your Beneficiary attends a Pennsylvania publicly funded school, the Program will pay at the actual tuition rate for that school. All private or out of state schools will pay at the average rate for your Tuition Level. For more information, please refer to the GSP Disclosure Statement.

- | | | |
|---|--|---|
| <input type="checkbox"/> State-Related University Average (<i>Institution Code 12999</i>) | <input type="checkbox"/> State Resident Rate | <input type="checkbox"/> Out-of-State Rate |
| <input type="checkbox"/> State System of Higher Education Average (<i>Institution Code 11999</i>) | <input type="checkbox"/> State Resident Rate | <input type="checkbox"/> Out-of-State Rate |
| <input type="checkbox"/> Community College Average (<i>Institution Code 14999</i>) | <input type="checkbox"/> In-District Rate | <input type="checkbox"/> Out-of-District Rate |
| <input type="checkbox"/> Ivy League School Average (<i>Institution Code 21999</i>) | | |
| <input type="checkbox"/> Private Four-Year College Average (<i>Institution Code 22999</i>) | | |
| <input type="checkbox"/> Specific School | | |

You must specify the school for this election. Please see the GSP Credit Rate Schedule for the complete list of available schools. If you do not specify the school, no change will be made and your existing Tuition Level will remain in effect.

If selecting a specific school you must provide the following:

Name of School

Institution Code

State Resident/In-District Rate Out-of-District (Community College) Non-Resident

8. Successor Owner Information

Select One: Add Change Delete

(All information on the proposed new Successor Owner must be completed in order to add or change the Successor Owner.)

Name of Successor Owner (*first, middle initial, last*)

Social Security Number or Taxpayer Identification Number

Birth Date or Trust Date (*month, day, year*)

Address

City

State

Zip

Best Daytime Contact Number

PA Resident (*select one*):

Yes, County of Residence is No

E-mail Address

9. SAGE Scholars *(optional)*

You may opt to participate, at no cost, in the SAGE Scholars College Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. Normally, the discount earned is 1.25% of the value of your GSP Account if used for higher education expenses at the end of each calendar quarter, which accumulates until the beneficiary's 17th birthday. Through 2012, the discount earned is 2.5% of the value of your GSP Account if used for higher education expenses. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$8,500 and \$42,420 *(spread evenly over four years of college)*.

By enrolling you will receive \$500 in SAGE Scholars Tuition Rewards discounts. Visit www.tuitionrewards.com to learn more.

I wish to enroll in the SAGE Scholars Program

10. Signature

- A.** If I have designated a Successor Owner, by completing, signing and submitting this, I am agreeing that to the extent permitted by law, the named Successor Owner will become the Account Owner in the event of my death or incapacity, that the named Successor Owner meets all the requirements for being a Successor Owner as specified in the GSP Disclosure Statement. I certify that I have not received any payment or other value for naming the Successor Owner.
- B.** If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing Section 9 and submitting this form, I am authorizing and directing the GSP to provide SAGE Scholars, Inc. with my name, address and Social Security number, my Beneficiary's name, address and Social Security number, as well as my e-mail address and information on the amount of SAGE Scholars Tuition Rewards discounts to which I am entitled. SAGE Scholars, Inc. will use this information to administer the SAGE Scholars Tuition Rewards Program and may provide my information to SAGE Scholars member schools so that they may contact me or my Beneficiary.
- C.** If I have chosen the AIP or EBT option, I authorize the GSP and Upromise Investment Advisors, LLC to pay amounts representing redemptions made by me, or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in Section 5. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the GSP, Upromise Investment Advisors, LLC, Inc. and its respective affiliates, will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the GSP, Upromise Investment Advisors, LLC and the bank, and that the termination request will be effective as soon as the GSP and Upromise Investment Advisors, LLC have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me.
- D.** I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my GSP Account. Account Owners should seek advice from a qualified tax advisor.
- E.** I understand that the guarantee of the GSP is an obligation only of the GSP Fund itself. I further understand that the contributions to my GSP Account are not insured and the payment obligations are not guaranteed by the Commonwealth of Pennsylvania, the Federal Deposit Insurance Corporation, or any other government or governmental agency.

I further represent that I am requesting the changes indicated here and that the information provided on this form is true and correct subject to penalties of 18 PA. C S. Section 4904, relating to unsworn falsification to authorities and acknowledge that any material misrepresentations may void the GSP Contract resulting in my being refunded only the amount that has been contributed (excluding fees) and forfeiting all growth.

 **SIGNATURE**

Signature of Account Owner

- -

Date (month, day, year)

[PAGE LEFT BLANK INTENTIONALLY]

[PAGE LEFT BLANK INTENTIONALLY]

[PAGE LEFT BLANK INTENTIONALLY]

[PAGE LEFT BLANK INTENTIONALLY]