

Pennsylvania 529 Investment Plan

Account Information Change Form



- Complete this form to change the account owner or the name, mailing address, phone number, e-mail address, successor account owner, or interested party information on your account.
- You can also change your mailing address, phone number, e-mail address, successor owner, or interested party by accessing your account at **www.PA529.com**.
- If you are changing your name, your former signature and new signature must be guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- **Important:** If you are changing the owner of an existing account, you must provide the account number(s) in **Section 1**. Additionally, your signature must be guaranteed in **Section 7** by an authorized officer of a bank, broker, or other qualified financial institution. Finally, you must submit an Enrollment Application completed and signed by the new account owner identified in **Section 3**.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.PA529.com**. Or you can call us to order any form at **1-800-440-4000**. Return this form to: **Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

1. Current Account Owner Information

Account Number(s)

(To list more than three accounts, use the space below.)

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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

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

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Last four (4) digits of the Social Security Number or Other Taxpayer ID Number *(required)*

| | | | | | | | | | | | |
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Daytime Telephone Number

Evening Telephone Number

REMEMBER TO SIGN IN SECTION 7.



* P A I N F O C H A N G E *

2. Updated Existing Account Owner Information *(if applicable)*

- If you are changing your contact information, provide the new information exactly as you would like it to appear on your PA 529 Investment Plan account.
- If you are changing your name, you must provide a signature guarantee in **Section 8**.

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

E-mail Address

Daytime Telephone Number

Evening Telephone Number

Permanent Street Address or APO/FPO *(A P.O. box or rural route number is **not** acceptable.)*

City

State

Zip

Account Mailing Address if Different From Above *(used both as the account's address of record and for all account mailings)*

City

State

Zip

3. Transfer Assets to New Account Owner *(if applicable)*

- You (the current account owner) must provide a Signature Guarantee in **Section 7**.
- This will transfer ownership of these assets to the new account owner listed below.
- The new account owner will control the account and the disposition of all assets held in the account.
- The new account owner must also complete an Enrollment Application.

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

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

Social Security Number or Other Taxpayer ID Number

4. Add/Change/Delete 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)

-- --

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

Social Security Number or Other Taxpayer ID Number

Mailing Address

--

City

State

Zip

--

Telephone Number

PA Resident (select one)

Yes, County of Residence is

No

5. Interested Party Information (if applicable)

Complete this section if you want additional persons to receive a quarterly account statement or if you are changing interested party information on your account. To add or change information for more than one interested party, use a separate sheet. If you wish to grant a person additional powers to act on this account, complete a Limited Power of Attorney/Agent Authorization Form or Power of Attorney Form.

(Check one.) Add Replace Change current information Remove

Name (first, middle initial, last)

Mailing Address

--

City

State

Zip

--

Telephone Number

Relationship

6. SAGE Scholars *(optional)*

If you or your beneficiary is a Pennsylvania resident, 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. The discount earned is 2.5% of the PA 529 Investment Plan account value at the end of each calendar quarter, which accumulates until the beneficiary's 17th birthday. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$8,500 and \$40,905 (*spread evenly over four years of college*).

Your beneficiary is eligible to enroll in the SAGE Scholars Program until he or she is 16 years old.

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

You must access and register at www.tuitionrewards.com to participate in the SAGE Scholars Program. This is required to verify/update account holder and student information, as well as to submit the electronic Tuition Rewards statement to member schools when their beneficiaries are beginning the college application process.

I wish to enroll in the SAGE Scholars Program.

If I have indicated that I wish to enroll in the SAGE Scholars College Tuition Rewards Program by completing this section and submitting this Account Information Change Form, I am authorizing and directing the PA 529 Investment Plan to provide SAGE Scholars, Inc., with my name, address, and Social Security number and 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.

7. Signature

The current account owner must sign below. However, if you are changing your name, skip this section and complete Section 8 instead.

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

▶

Signature of Account Owner

- -

Date (month, day, year)

8. One-and-the-Same Signature Guarantee—REQUIRED FOR NAME CHANGES AND ACCOUNT OWNER TRANSFERS ONLY

- If you are changing your name, your former signature and your new signature must be guaranteed by an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a signature guarantee, and you cannot guarantee your own signature.*
- If you are changing the owner of an existing account, your signature must be guaranteed by an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a signature guarantee, and you cannot guarantee your own signature.*
- Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.

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

▶

Former Signature of Account Owner

- -

Date (month, day, year)

▶

New Signature of Account Owner

- -

Date (month, day, year)

▶

Signature of Guarantor

Title/Name of Institution

- -

Date (month, day, year)

Authorized Officer to Place Stamp Here

