



## 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](http://www.PA529.com)*).
- Change the Account Owner.
- Add, change, or stop automatic contributions (*automatic contributions may be modified online at [www.PA529.com](http://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](http://www.PA529.com)*).
- Enroll in the SAGE Scholars Program (*you may enroll in SAGE online at [www.PA529.com](http://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 four (4) digits of the Social Security Number or Other Taxpayer ID Number (required)      Birth Date (month, year)

—  —   
Best Daytime Telephone 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 Telephone Number      Additional Contact Number (optional)

Address

City      State      Zip Code

Email 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 (mm-dd-yyyy)

*Authorized Officer to Place Stamp Here*



**4. Options** (Complete A, B, or both.)

Contributions by AIP or EBT will not be available for withdrawal for 5 business days.

**A. AIP.** Have a set amount automatically transferred from your bank account to your GSP Account on a schedule.

- Add this option to my Account. (Provide your debit information below and your bank information in **Section 5**.)
- Change my investment amount, debit date, or both. (Provide the new information below.)
- Change my bank account information. (Provide the new information in **Section 5**.)
- Discontinue AIP investments.

**Amount of Debit:** (\$10 minimum) \$           .

**Frequency** (Check one.):  Monthly  Quarterly

**Start Date:**\*    —    —      Your bank account will be debited on the 20th of any month, unless you pick a different date.  
Date (mm-dd-yyyy)

- Annual Increase.** You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Note:** A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

**Amount of Increase:** \$

**Month\*\*:**

\*\*The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of the GSP and will also count toward annual federal gift tax exclusion limits.

**B. EBT.** Allows you to make one time or periodic transfers of \$10 or more from your bank account to your GSP Account by phone or online. To establish or change this service for your Account, provide your bank information in **Section 5**.

- Add
- Change
- Delete

## 5. Bank Information

- Important:** Please check the box to confirm that your Automated Clearing House (ACH) transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.
- Complete this section only if you are adding the AIP or EBT option to your Account or are changing your bank account information.
- **Important:** The AIP and EBT options can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the ACH network. Money market mutual funds and cash management accounts offered through nonbank financial companies cannot be used.

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

**Bank Name**

**Bank Routing Number**

**Bank Account Number**

**Account Type**

*(Check One.)*

Checking

Savings

**Note:** The routing number is located in the bottom left corner of your checks. You can also ask your bank for the routing number.

For your protection and the protection of the bank Account Owner, a Signature Guarantee of the bank Account Owner is required if the name on your GSP Account is different than the name on the bank account from which deposits are being withdrawn. A Signature Guarantee can be obtained from the bank where the account is maintained. Please note that notarizations by a notary public are NOT acceptable.

### Signature—BANK ACCOUNT OWNER MUST SIGN IF DIFFERENT FROM GSP ACCOUNT OWNER

Do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. Please note that the PA 529 Account Owner will have access to the bank account information entered above.

▶

Signature of Bank Account Owner

-   -

Date (mm-dd-yyyy)

### Signature Guarantee

▶

Signature of Bank Account Owner

Title

Name of Institution

-   -

Date *(mm-dd-yyyy)*

*Authorized Officer to Place Stamp Here*

## 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 *(mm-dd-yyyy)*

Address

City

State

Zip Code

Daytime Telephone Number

PA Resident *(select one):*

 Yes, County of Residence is 
 No

Projected Date of College Enrollment *(mm-dd-yyyy)*

**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**

For an explanation of Tuition Levels, see the GSP Disclosure Statement. If you do not specify a Tuition Level, the State System of Higher Education Average Tuition Level, State Resident Rate will be designated. You may change your designated Tuition Level 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.

- State-Related University Average (*Institution Code 12999*)  State Resident Rate  Out-of-State Rate
- State System of Higher Education Average (*Institution Code 11999*)  State Resident Rate  Out-of-State Rate
- Community College Average (*Institution Code 14999*)  In-District Rate  Out-of-State Rate
- Ivy League School Average (*Institution Code 21999*)
- Private Four-Year College Average (*Institution Code 22999*)
- 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, the State System of Higher Education Average Tuition Level, State Resident Rate will automatically be used.*)

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 (optional)**

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 (*mm-dd-yyyy*)

Address

City State Zip Code

—

Daytime Telephone Number

PA Resident (*select one*):

Yes, County of Residence is

No

Email Address

**Note:** You may designate a Successor Owner at a later date by submitting a Services for Your Account Form.

**9. SAGE Scholars (optional)**

You may opt to participate, at no cost, in the SAGE Scholars Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. 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 is currently between \$10,500 and \$53,505 (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 Scholars Tuition Rewards discounts. Visit [www.tuitionrewards.com](http://www.tuitionrewards.com) to learn more.

Before you can use earned Tuition Rewards you must register at [www.tuitionrewards.com](http://www.tuitionrewards.com).

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 Ascensus College Savings Recordkeeping Services, 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, Ascensus College Savings Recordkeeping Services, LLC. 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, Ascensus College Savings Recordkeeping Services, LLC. and the bank, and that the termination request will be effective as soon as the GSP and Ascensus College Savings Recordkeeping Services, 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 of Account Owner

-   -

Date (mm-dd-yyyy)