

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

Beneficiary Name ("Beneficiary"): _____

UGMA/UTMA Account Number ("Account"): _____

Age of Termination for this Account (as defined by state law): _____

Dear Pennsylvania 529 Guaranteed Savings Plan:

As Custodian for the above referenced UGMA/UTMA account, pursuant to 18 Pa. C.S. § 4904, I hereby certify under penalty of perjury that the correct age at which my custodial relationship ends ("Age of Termination") for the Account is set forth above. I hereby instruct you to adjust the records of the Plan to show the correct Age of Termination. I understand that the Age of Termination is defined by the laws of the state in which the UGMA/UTMA account was established, which may not necessarily be Pennsylvania, and that I have consulted, as necessary, with any legal or financial advisor(s) to determine the correct Age of Termination.

I understand that in reliance on my certification, the Plan will allow me to continue to transact on the Account as Custodian only until the Beneficiary reaches the Age of Termination. When the Beneficiary reaches the Age of Termination, he or she will be required to take over the Account as Owner and I will no longer have authority to transact on the Account. At that time, if I have not taken the appropriate steps (as determined by the Plan) to transfer the Account to the Beneficiary, the Plan may freeze the Account and not allow additional transactions until I make the transfer to the Beneficiary.

Furthermore and to the fullest extent permitted by law, I agree on behalf of myself, any successor custodian, the Beneficiary, and the heirs, assigns, administrators, and executors of the Beneficiary to indemnify and hold harmless the Plan, Plan administrators, Plan service providers, and any affiliates, officers, employees, and agents of the Plan, its administrators or its service providers, against any and all claims, losses, charges, damages, expenses, liabilities, and actions that may be incurred or sustained by reason of acting on the instructions contained herein.

Custodian Signature: _____

Custodian Name (Print) _____

Date: _____