

Education Savings Account

CHANGE

Name of Financial Organization

Current Information

Name of Child (Designated Beneficiary)

Account Number

Social Security Number

Child/Student (Designated Beneficiary)

Complete the appropriate items below to request a change to the existing information on this ESA.

Complete all items below and check this box if this is a change to a new Designated Beneficiary:

Note: The Designated Beneficiary may not be changed unless specifically allowed by the terms of this ESA.

Name

Social Security Number

Address

Date of Birth

City/State/Zip

Phone Number

Responsible Individual

Complete the appropriate items below to request a change to the existing information on this ESA.

Complete all items below and check this box if this is a change to a new Responsible Individual:

Name

Social Security Number

Address

Phone Number

City/State/Zip

Relationship to Child

Successor Responsible Individual

Complete the appropriate items below to request a change to the existing information on this ESA.

Complete all items below and check this box if this is a change to a new Successor Responsible Individual:

Name

Social Security Number

Address

Phone Number

City/State/Zip

Relationship to Child

Signature

I certify that, to the best of my knowledge, the information provided on this form is true and correct and it may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility. I will not hold the Trustee/Custodian liable for any adverse consequences that may result.

Signature of Responsible Individual

Date

Signature of Witness (if required)

Date

Office
Use Only

Contributor (Grantor/Depositor)

Complete the items below to request a change to the existing information on this ESA.

Name

Social Security Number

Address

Phone Number

City/State/Zip

Designation or Change of Death Beneficiary

Primary Beneficiary

Name

Relationship

Address

Date of Birth

City/State/Zip

SSN/TIN

Primary Beneficiary Contingent Beneficiary

Name

Relationship

Address

Date of Birth

City/State/Zip

SSN/TIN

Primary Beneficiary Contingent Beneficiary

Name

Relationship

Address

Date of Birth

City/State/Zip

SSN/TIN

I hereby designate the above as the Death Beneficiary(ies) of this ESA. This designation supercedes all previous designations for this ESA. If primary or contingent is not indicated, primary will be assumed.

Spousal Consent:(for use in community or marital property states)

I am the spouse of the Designated Beneficiary of this ESA and I agree to the naming of a primary death beneficiary other than myself. I transfer (transmute) any community property interest I have in this ESA into the separate property of my spouse. I agree to seek the advice of a legal or tax professional, as needed.

Signature of Spouse

Date