#### MI 529 Advisor Plan

# **Profile Change Form**



- Use this form to change: your name, address, phone number, email address, Successor Account Owner/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 20 Business Days have passed.
- If you are changing your name you must provide either a legal document such as a copy
  of a Marriage Certificate, court document, or copy of a Social Security card; or have your
  former signature and your new signature Medallion Signature Guaranteed in **Section 8**by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner/Custodian or Beneficiary of an existing account, you must complete the **Transfer Form**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

To request assistance in completing this form call us at **1.866.529.8818**, Monday through Friday from 8:30 a.m. - 6 p.m. ET.

1.866.529.8818 Monday to Friday 8:30 a.m 6 p.m. ET		
www.mi529advisor.com		
Regular mailing address: MI 529 Advisor Plan P.O. Box 55847 Boston, MA 02205-5847		

Overnight mailing address: MI 529 Advisor Plan 95 Wells Avenue, Suite 155 Newton, MA 02459

1.	Current Account Owner/Custodian Information			
	Account Number(s) (To list more than six Accounts, use a separate sheet.).			
	Account Owner/Custodian (First name) (M.I.)			
Account Owner/Custodian (Last name)				
	Telephone Number			
2.	Information to Update or Change			
	Account Owner/Custodian — Section 3			
Beneficiary — Section 4				
	Successor Account Owner/Custodian — Section 5			
	Interested Party — Section 6			
	Trusted Contact Person — Section 7			



**Email Address** 

# **Updated Account Owner/Custodian Information**

• If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your MI 529 Advisor Plan Account.

• If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.

<ul> <li>If you are changing your name, you must provide a legal document such as of a Social Security card.</li> </ul>	a copy of a marriage certificate, court document, or copy
Account Owner/Custodian (First name)	(M.I.
Account Owner/Custodian (Last name)	
Permanent Street Address (P.O. boxes are <b>not</b> acceptable.)	
City	State Zip Code
Account Mailing Address if different from above (This address will be used as the Account's address)	dress of record for all Account mailings.)
City	State Zip Code
Primary Telephone Number	Secondary Telephone Number
Birth Date (mm-dd-yyyy)	

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## **Beneficiary Information**

 If you are changing your beneficiary name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card. If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form. If you are changing the Beneficiary, you must submit a new **Account Application** and a **Transfer Form**. Beneficiary (First name) (M.I.)Beneficiary (Last name) Beneficiary Social Security or Taxpayer Identification Number Beneficiary Birth Date (mm-dd-yyyy) Mailing Address City State Zip Code Primary Telephone Number Secondary Telephone Number **Successor Account Owner/Custodian Information** Note: If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination. Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/ Custodian. You may revoke or change the Successor Account Owner/Custodian at any time. See the MI 529 Advisor Plan Description for more information. The person you designate as Successor Account Owner/Custodian must be at least 18 years old or can be a trust. You may only designate one Successor Account Owner/Custodian per beneficiary. The Successor Account Owner/Custodian will not receive quarterly statements. Check one. Add New Replace / Update Existing Remove

Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)

Successor Account Owner/Custodian or Trust (First name)

Successor Account Owner/Custodian or Trust (Last name)

7.

ő.	Interested Party Information
	Complete this section if you want to have an additional person (interested party) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.			
Add	Replace	Change current information	Remove
Interested Party (First name	;/		(M.I.)
Interested Party or Trust (La	ast name)		
Mailing Address			
City		State	Zip Code
Telephone Number			
Relationship to Acc	ount Owner/Custodia	1	
Compliance	Investment Advisor	Parent/Guardian Oth	er
Trusted Contact I	Person Information		
authorize the MI 52	9 Advisor Plan and its pro	e person identified below as your Trusted Co esent and future direct and indirect subsidian stact Person and disclose information about	ries, affiliates, successors and assigns the MI
	ole financial exploitation;		,
<ul> <li>to confirm the sp holder of a powe</li> </ul>		ntact information, health status, or the identi	ity of any legal guardian, executor, trustee, or
- as otherwise per	mitted by Financial Indus	try Regulatory Authority Rule (FINRA) 2165.	
		sted Contact Person power of attorney. Your account, or transfer assets to or from your A	
Completion of this :	section is optional and yo	•	he Plan in writing. A Trusted Contact Person
Add	Remove CI	nange	
Trusted Contact Person (Fir	st namel		(M.I.)
Trusted Contact Person (La	st name)		
Trusted Contact Person's Pi	imary Telephone Number		
Trusted Contact Person's E	nail Address		
Trusted Contact Person's M			
City		State	Zip Code
Relationship to Acc	ount Owner/Custodia	1	
Advisor	Attorney Spouse	Family Member Friend	Other

## Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my MI 529 Advisor Plan Account(s). This information replaces any existing information on file with the MI 529 Advisor Plan. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/ Custodian Social Security Number provided is correct, and that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

Date (mm-dd-yyyy)

Signature of Account Owner/Custodian or Authorized Representative of Entity

### **Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED**

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.
- Please call MI 529 Advisor Plan at 1.866.529.8818 if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the MI 529 Advisor Plan Description.

SIGNATURE	Authorized Officer to place stamp here
Signature of Former Account Owner/Custodian (if applicable) (In the presence of the authorized off	ricer.)
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Date (mm-dd-yyyy)	

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