

# Scholars Choice Education Savings Plan®

## Broker/Dealer Change Form



- Use this form to authorize the change of the Broker/Dealer listed on your Scholars Choice Education Savings Plan Account.
- 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.
- For accounts established prior to July 19, 2021, use this form to update your Financial Professional's authorization level to full authorization.

To request assistance in completing this form call us at **1-888-5-SCHOLAR** (1-888-572-4652), Monday through Friday from 9:00 a.m. - 10:00 p.m. ET.

**1-888-5-SCHOLAR (1-888-572-4652)**  
Monday to Friday 9:00 a.m. - 10:00 p.m. ET

**scholars-choice.com**

Regular mailing address:

**Scholars Choice  
PO Box 219372  
Kansas City, MO 64121**

Overnight mailing address:

**Scholars Choice  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131**

### 1. This Change Applies to

**Note:** Regardless of the option you select, complete **Section 2**.

- All of your accounts
- List of accounts attached

### 2. Account Information

Account Number

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

### 3. New Broker/Dealer Information (To be completed by the Financial Professional.)

Check here if you are a Registered Investment Advisor.

Firm Name

Financial Professional Name (first, middle initial, last)

Branch Number      Financial Professional ID Number/IRD Number      BIN (if applicable)      Matrix Level

Mailing Address

City      State      Zip Code

Telephone Number

Email Address

### Authority of Financial Professional

The Financial Professional indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment portfolio changes, make qualified withdrawals, inquire, and have access to the account. He or she will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, Interested Party, firm or Financial Professional. The Financial Professional will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the account.



**4. Signature — YOU MUST SIGN BELOW**

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description and Participation Agreement.

SIGNATURE  
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□  
Date (mm/dd/yyyy)

SIGNATURE  
Signature of Financial Professional

□□ — □□ — □□□□  
Date (mm/dd/yyyy)