MI529advisor

Monday to Friday 8:30 a.m. - 6 p.m. ET

1.866.529.8818

www.mi529advisor.com

Broker/Dealer Change Form

- Use this form to authorize the change of the Broker/Dealer listed on your MI 529 Advisor 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.

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 FT

This Change Applies to	Regular mailing address: MI 529 Advisor Plan P.O. Box 55847 Boston, MA 02205-5847
Note: Regardless of the option you select, complete Section 2 .	BOSTOII, MA 02205-5847
All of your accounts	Overnight mailing address: MI 529 Advisor Plan
List of accounts attached	95 Wells Avenue, Suite 155 Newton, MA 02459
Account Information	
Account Number	
Name of Account Owner (first, middle initial, last)	
New Broker/Dealer Information (To be completed by the Financial Profe Check here if you are a Registered Investment Advisor.	essional.)
Check here if you are a Registered Investment Advisor.	
Check here if you are a Registered Investment Advisor. Firm Name	essional.)
Check here if you are a Registered Investment Advisor. Firm Name	essional.)
Check here if you are a Registered Investment Advisor. Firm Name Financial Professional Name (first, middle initial, last)	
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 app.	
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 app.	
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 app.	policable) Matrix Leve
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 app.	
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 app. Mailing Address City State	policable) Matrix Leve
Firm Name Financial Professional Name (first, middle initial, last) Branch Number Financial Professional ID Number/IRD Number BIN (if app. Mailing Address	policable) Matrix Leve

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 respect all the terms and conditions of the MI 529 Advisor Plan Description and Particip	
SIGNATURE Signature of Account Owner or Authorized Representative of Entity	Date (mm/dd/yyyy)
SIGNATURE Signature of Financial Professional	Date (mm/dd/yyyy)