

Instructions

- You can update certain Account Owner or Beneficiary information online, by telephone, or you can mail this form to the Plan.
- A Signature Validation Plan (SVP) Stamp¹ may be required as described in Section 5, or if you intend to withdraw funds within 30 days of an address change. *Please see the Important Information box at the end of this form for additional instructions.*
- You must submit a separate *Account Information Change Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting www.MNsaves.org
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.**

1 Account Information (You must provide complete information.)

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Plan Account Number

Account Owner or Trustee/Custodian Name (First, MI, Last, Suffix), or Entity Name

Account Owner Email Address

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information (Complete all sections that apply to you.)

You can update certain Account Owner or Beneficiary information online, by telephone or through this form, as described below.

- > **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 5.
- > **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

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Account Owner's Date of Birth (mm-dd-yyyy)

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Beneficiary's Date of Birth (mm-dd-yyyy)

- > **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

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Account Owner's Social Security Number or Tax ID Number

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Beneficiary's Social Security Number or Tax ID Number

- > **Address or Telephone Number: Documentation is not required. (You can also make these changes online or by telephone.)**

Account Owner

Beneficiary

Account Owner and Beneficiary

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

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Day Telephone Number

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Evening Telephone Number

E-mail Address

¹ Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option²
Managed Allocation Option (Age-based)	%	<input type="checkbox"/> New Option
Principal Plus Interest Option (1917)	%	<input type="checkbox"/> New Option
U.S. & International Equity Option (1918)	%	<input type="checkbox"/> New Option
Moderate Allocation Option (2300)	%	<input type="checkbox"/> New Option
100% Fixed Income Option (2301)	%	<input type="checkbox"/> New Option
Money Market Option (2302)	%	<input type="checkbox"/> New Option
International Equity Index Option (2303)	%	<input type="checkbox"/> New Option
Aggressive Allocation Option (2295)	%	<input type="checkbox"/> New Option
Conservative Allocation Option (2296)	%	<input type="checkbox"/> New Option
Equity and Interest Accumulation Option (2297)	%	<input type="checkbox"/> New Option
U.S. Large Cap Equity Option (2298)	%	<input type="checkbox"/> New Option
TOTAL	100%	

Note: If you allocate your contributions to the Principal Plus Interest Option, transfers made at a later date from the Principal Plus Interest Option to the Money Market Option will not be permitted.

4 Add, Change or Revoke Contingent Account Owner Information (for Individual Accounts only)

An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Plan. The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. The Contingent Account Owner must be an individual residing in the U.S. with a valid Social Security number or Taxpayer Identification number, who is at least 18 years of age, or an emancipated minor, at the time the account is transferred and when a contribution is made to the account, or a Trust.

Note: a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

<input type="checkbox"/> Add a Contingent Account Owner for the first time	<input type="checkbox"/> Change an Existing Contingent Account Owner Designation	<input type="checkbox"/> Revoke a Contingent Account Owner Designation
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New Contingent Account Owner Information (Complete this section only to add or change a Contingent Account Owner.)

Name (First, MI, Last, Suffix) or Name of Trust (Foreign Trusts are not eligible)

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Social Security Number or Taxpayer Identification Number

Gender (M/F)

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Date of Birth (mm-dd-yyyy)

² If a new Investment Option is opened, a different option number will be assigned.

5 Signature and Authorization *(This section must be signed for these changes to take effect.)*

By signing below, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information on my Account as indicated on this *Account Services Form*. If I have changed my address, I understand a withdrawal cannot be processed for 30 days, unless a medallion signature guarantee³ appears below.

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner, as described in the *Disclosure Booklet*, upon submission of an acceptable proof of death and upon submission of a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

For Entity Accounts: If I am signing on behalf of an entity, I certify I am authorized by the entity Account Owner identified in Section 1 to act on its behalf and I have attached the appropriate documentation to substantiate my authorization for this transaction.

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Signature of Account Owner or Authorized Representative

Date

Medallion Signature Guarantee – if applicable

Important Information – Medallion Signature Guarantee A Signature Validation Program Stamp is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Plan and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required for individuals acting in a legal capacity as a representative for an Account Owner of an Individual Account if a *Plan Power of Attorney Form* is on file, or if a *Plan Power of Attorney Form* accompanies this form. This does not apply to name changes.

Guarantor to Affix Stamp Here:

Mail to:



Overnight Mail

Minnesota College Savings Plan
430 W 7th Street Suite 219455
Kansas City, MO 64105-1407

Regular Mail

Minnesota College Savings Plan
P.O. Box 219455
Kansas City, MO 64121-9455

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³ Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. A notary public **cannot** provide a medallion signature guarantee. Please contact your bank or broker, if needed.