

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.com
- **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

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 by telephone.)

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 (Provide this information to receive periodic eNewsletters and updates from the Plan)

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.

<i>Investment Option Name (Investment Option Code)</i>	<i>Whole Percentage (per Investment Option)</i>	<i>Check if new Investment Option²</i>
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, and must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number and must be at least 18 years of age. Any designation you make here may be changed or revoked at a future date.

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)

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Gender (M/F)

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Date of Birth (mm-dd-yyyy)

Check this box if the Contingent Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.

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

City, State, Zip, Country (if foreign address)

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² If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the *Additional Contribution by Mail* form to contribute by check at any time.

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, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the 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:



Overnight Mail
Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail
Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134

Mail to:

A14053:11/15

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.



Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that the Minnesota College Savings Plan (the “Plan”) has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary’s Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary’s Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary’s identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

MN0808.PRI



Overnight Mail

Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Mail this form to:

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134