DO NOT STAPLE

TD Ameritrade 529 College Savings Plan

Account Information Change Form

- Use this form to change: your name, mailing address, phone number, email address, Successor Account Owner, or interested party information. You may also use this form to transfer assets to a new account owner.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request (i.e. Marriage Certificate, Divorce Decree, etc.).
- If you are changing the Account Owner of an existing Account, your signature must be Medallion Signature Guaranteed in **Section 9** by an authorized officer of a bank, broker, or other qualified financial institution, and the new Account Owner must include an **Enrollment Form** if an Account is not already established.
- 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.

Forms can be downloaded from our website at **www.tdameritrade.com/collegesavings,** or you can call us to order any form—or request assistance in completing this form—at **1.877.408.4644** any business day from 8 a.m. to 8 p.m. Central time.

1.877.408.4644
8 a.m. to 8 p.m. Central time M-F

www.tdameritrade.com/collegesavings

tdameritrade@NEST529.com

Regular mailing address:
TD Ameritrade 529 College Savings Plan
P.O. Box 30278
Omaha, NE 68103-1378

Overnight mailing address:
TD Ameritrade 529 College Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Current Account Owner information

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Account Number(s) *(To list more than three Accounts, use a separate sheet.)*

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

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Telephone Number *(In case we have a question about your Account.)*

2. Information to update or change

- ☐ Account Owner—**Section 3** or **Section 4**
- ☐ Successor Account Owner—**Section 5**
- ☐ Individual Authorized to Act—**Section 6**
- ☐ Interested Party—**Section 7**

TDA 529 INFO CHANGE

3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your TD Ameritrade 529 College Savings Plan Account. You do not need to enter information that will not be changed.
- If you are changing your name, you must also provide a copy of an official document that changes your name certified within 60 days of this request. (i.e. Marriage Certificate, Divorce Decree, etc.)

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

Permanent Street Address *(P.O. boxes are **not** acceptable.)*

City State Zip Code —

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all Account mailings.)*

City State Zip Code —

— —

Telephone Number *(In case we have a question about your Account.)*

Email Address

4. Transfer assets to new Account Owner

- This will transfer ownership and all obligations and rights of all of the assets in the referenced Account to the new Account Owner listed below.
- If you transfer ownership, you must also provide a Medallion Signature Guarantee in **Section 9**.
- The new Account Owner will control the Account and the disposition of all assets held in the Account.
- The new Account Owner must also complete an **Enrollment Form.**
- A new Account Owner cannot withdraw funds within 10 business days of the change.
- You cannot change the Account Owner for a Minor-Owned or UGMA/UTMA Account.

—

Account Number *(If applicable)*

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

— — — —

Social Security Number or Taxpayer Identification Number ***(Required)*** Birth Date/Trust Date *(mm/dd/yyyy)*

5. Successor Account Owner information

- Complete this section only if you are adding, changing, or deleting Successor Account Owner information on your Account.
- As the Account Owner, you may designate a Successor Account owner to take control of the Account in the event of your death or legal incapacity. You may revoke or change your designation later by completing the appropriate form. See the TD Ameritrade 529 College Savings Plan Program Disclosure Statement and Participation Agreement (Program Disclosure Statement) for more information.
- The person you designate as Successor Account Owner cannot be a minor.
- A Successor Account Owner is not permitted on a Minor-Owned or UGMA/UTMA Account.

Check one.

☐ Add ☐ Change ☐ Delete

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

☐☐ – ☐☐ – ☐☐☐☐

Birth Date *(mm/dd/yyyy)*

6. Individual Authorized to Act

An Individual Authorized to Act is required when the Account Owner is a minor or when the Account is owned by an entity or Trust. The Individual Authorized to Act is the person who can transact on the Account. The address of the Individual Authorized to Act will be used as the Account's address of record for all Account mailings.

A. ☐ Custodian of UGMA/UTMA Account *(If replacing, an Enrollment Form signed by the new Custodian is required.)*

☐ Replace ☐ Change information

☐ Parent/Guardian if a Minor-Owned Account *(If replacing, an Enrollment Form signed by the new parent/guardian is required.)*

☐ Replace ☐ Change information

☐ Trustee of Trust *(Include letter of authorization.)*

☐ Add ☐ Replace ☐ Delete existing and do not add ☐ Change information

☐ Corporate Officer or Governmental Agent

☐ Add ☐ Replace ☐ Delete existing and do not add ☐ Change information

☐ Agent or Attorney-in-Fact *(Include Power of Attorney form.)*

☐ Add ☐ Delete existing and do not add

Individual Authorized to Act *(Continued)*

B. Information to change.

Individual Authorized to Act *(First name)* *(m.i.)*

Individual Authorized to Act Legal Name *(Last name)*

— —

Social Security Number or Taxpayer Identification Number ***(Required)***

Permanent Street Address *(P.O. boxes are **not** acceptable.)*

—

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all Account mailings.)*

—

City State Zip Code

— —

Telephone Number *(In case we have a question about your Account.)*

7. Interested party information

Complete this section if you want to add an individual as an interested party to the account. An interested party will be able to call the Plan, receive information verbally about the Account, and receive quarterly statements. An interested party will not be allowed to make changes to the account or request transactions. You can also use this section to replace or change existing interested party information on your Account. To add or change information for more than one interested party, use a separate sheet.

Check one.

☐ Add ☐ Replace interested party ☐ Change current information ☐ Delete

Name *(first, middle initial, last)*

Mailing Address

—

City State Zip Code

— —

Telephone Number *(In case we have a question about your Account.)*

Relationship to Account Owner.

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

DO NOT STAPLE

8. Signature — YOU MUST SIGN BELOW

- I certify that I have read, understand, consent, and agree to all the terms and conditions of the Program Disclosure Statement and understand the rules and regulations governing the TD Ameritrade 529 College Savings Plan as they relate to this information change request.
- By signing below, I authorize the Program Manager or its designee to change my Account information according to the instructions above.
- If I am changing the Account Owner, by signing this form as the current Account Owner, I acknowledge that the transfer is subject to the Program Manager's verification of the new Account Owner. I have consulted with a tax advisor concerning the potential income gift and estate tax consequences of my transfer of ownership before signing and submitting this form.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is a minor-owned Account or is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account.
- If I have changed the Account Owner or address, I understand that a withdrawal request made within ten (10) business days of this change must be Medallion Signature Guaranteed below.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

9. Medallion Signature Guarantee — REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT, REPLACING CUSTODIAN, AND/OR REPLACING A PARENT/GUARDIAN

- 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.**

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 Program Disclosure Statement.

SIGNATURE

Signature of Account Owner *(In the presence of the authorized officer.)*

Signature of Guarantor

Title

Name of Institution

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

Securities Products: Not FDIC Insured - No Bank Guarantee - May Lose Value

Nebraska Educational Savings Plan Trust, Issuer. First National Capital Markets, Inc., Distributor, Member FINRA, SIPC. TD Ameritrade, Inc., sub-administrator. First National Capital Markets and First National Bank of Omaha are affiliates.

Nebraska State Treasurer, Trustee

First National Bank Omaha

Program Manager

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