



529 COLLEGE SAVINGS PLAN UPDATE FORM

TD AMERITRADE 529 College Savings Plan
PO Box 82634
Lincoln, NE 68501

Use this form to:

- 1) Change Address, 2) Change Phone Number, 3) Change Name

Instructions:

- Please complete all sections that apply and return this form to the **TD AMERITRADE 529 College Savings Plan, PO Box 82634, Lincoln, NE 68501**
- This form must be signed and dated.
- If you have any questions regarding this form, please contact the **TD AMERITRADE 529 College Savings Plan** at **1-877-408-4644**.
- Address and phone changes may be made over the phone.
- In order to name a new beneficiary on this account, please use the Change of Account Owner, Successor Account Owner or Beneficiary Form (available at tdameritrade.com, click on **Planning**, then **College** and **529 College Savings Plan**).

1 ACCOUNT INFORMATION

Account Owner Name

Account Owner's Social Security Number

Phone Number

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Account Number(s) The changes requested on this form will apply to the following 529 College Savings Plan account or accounts. Please be sure to list the Beneficiary Name and Social Security Number for each account.

Account Number

Beneficiary Name

Social Security Number

Account Number	Beneficiary Name	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

2 ADDRESS/PHONE CHANGES

Address Change

Phone Number Change

Changes apply to the: Account Owner Beneficiary

NEW Street Address

City

State

ZIP Code

NEW Phone Number

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3 NAME CHANGE

- Complete this section only if the Account Owner or Beneficiary's Name has changed as a result of marriage, divorce or other reasons.
- Attach a certified copy of the applicable documents such as a marriage license, divorce decree or other applicable documents for evidence of name change.

NEW Account Owner's Name

OR

Beneficiary's Name (Print Clearly)

4 AUTHORIZATION

I am the Account Owner of the TD AMERITRADE 529 College Savings Plan Account(s) listed above and hereby authorize the changes on this form. The information on this form is true and correct. I have enclosed certified copies of the required documents pertaining to name change as required by the Program Manager. I fully understand the consequences of such changes. Please allow five business days for changes to be completed.

X _____
Signature of Account Owner

Date