



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

529 COLLEGE SAVINGS PLAN CHANGE OF ACCOUNT OWNER, SUCCESSOR ACCOUNT OWNER AND/OR BENEFICIARY FORM

Use this form to:

Change Account Owner, Change/Add a Successor Account Owner, or Change a Beneficiary.

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. Signature guarantee is required for Change of Account Owner. If you have questions, please call **1-877-408-4644**. Changing the Account Owner or Beneficiary of an Account may have tax consequences. Please consult with your tax advisor.

| | | |
|--------------------|--|--|
| 1 | ACCOUNT INFORMATION | |
| Account Owner Name | Account Owner's Social Security Number | |
| Account Number | Phone Number () | |
| Beneficiary Name | Beneficiary's Social Security Number | |

| | | |
|---|--|---------------|
| 2 | ACTION TO BE TAKEN | |
| <input type="checkbox"/> Change the Account Owner. Upon completion and remittance of this form, the new Account Owner, will be the only person/entity allowed to make changes and withdrawals to the account listed above. Please note, a change in Account Ownership is not permitted if this account is funded with monies from a UTMA/UGMA custodial account. The new Account Owner will receive a copy of the Enrollment Handbook upon the Transfer of Ownership and agrees to execute and return an Enrollment Form with this form. Signature Guarantee required. | | |
| Circle One: Mr. Mrs. Ms. Dr. | Check One: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien | |
| NEW Account Owner's Name | Social Security Number | |
| Street Address | City, State, ZIP Code | |
| Phone Number () | Date of Birth (Month/Day/Year) | Email Address |
| <input type="checkbox"/> Change or Add Successor Account Owner. The Successor Account Owner will act as Account Owner in the event of your death. | | |
| Circle One: Mr. Mrs. Ms. Dr. | Check One: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien | |
| Successor Account Owner's Name | Social Security Number | |
| Street Address | City, State, ZIP Code | |
| Phone Number () | Date of Birth (Month/Day/Year) | Email Address |

Change Beneficiary. Complete this section if you are changing the Beneficiary on the account listed in Section 1. The new Beneficiary must be a "Member of the Family" of the current beneficiary (as defined in the Enrollment Handbook). If the new Beneficiary is not a "Member of the Family" of the current beneficiary, the change will be treated as a Non-Qualified Withdrawal (as defined in the Enrollment Handbook). The earnings portion of a Non-Qualified Withdrawal will be subject to income tax and a 10% penalty. Please consult with your tax advisor. At the time you change the beneficiary you may also change your investment option (see below).

| | | |
|--------------------------|--------------------------------|-------------------------------------|
| NEW Beneficiary's Name | | Social Security Number |
| Street Address | | City, State, Zip Code |
| Phone Number () | Date of Birth (Month/Day/Year) | Relationship to Current Beneficiary |

New Investment Option. At the time you change the beneficiary, you may also change your investment option. If you wish to change your investment option please complete and return a Change of Investment Option form which can be obtained by calling **1-877-408-4644** or by downloading the form from **tdameritrade.com**.

3 AUTHORIZATION

I, as the current Account Owner, hereby make the changes as indicated to the Account Owner, Successor Account Owner or Beneficiary. I certify that the information contained herein is true and correct. I, my current Beneficiary, newly established Account Owner and/or Successor Account Owner are U.S. Citizens or resident aliens. I certify that the Tax Identification Numbers (TIN) given are true, correct and complete. This designation will replace the Account Owner, Successor Account Owner and/or Beneficiary currently named on the account. Please allow approximately five business days for this change to be completed.

X _____
Signature of Current Account Owner Date

Print Name Here _____

A Signature Guarantee is required if you are Changing the Account Ownership. A Signature Guarantee is a stamped or typed assurance by a financial institution that indicates a signature is valid. It may be obtained at most financial institutions or banks. **THE NEW ACCOUNT OWNER MUST ALSO COMPLETE AND SUBMIT AN ENROLLMENT FORM.**

SIGNATURE GUARANTEE
(Required for Change of Account Owner)

Please affix signature guarantee along with authorized signature, title, and date.