



Client Direct Series Account Information Change Form

INSTRUCTIONS: Complete this form to change an address, telephone number, email address, or name, or to correct a birthdate or Social Security number. To list more than three accounts, please use additional forms. Please print clearly. The form must be signed by the Participant (account owner). **Submit your completed form to:**

Regular mail:

Merrill Document Processing
PO Box 31024
Tampa, FL 33631-3024

Overnight mail:

Merrill Document Processing
FL1-908-01-36
4909 Savarese Cir
Tampa, FL 33634

1. Current NextGen 529 Client Direct Series Account Information

Information about the Participant (account owner):

Name (Last, First, MI) or name of Custodian/Trust/Corp./Other

Email address

Social Security number (last four digits) or Tax ID

Daytime phone number

Please identify the NextGen 529 Client Direct Series account number(s) and check the appropriate box for each account affected by the change.

NextGen 529 Client Direct Series account number

Participant ONLY
Beneficiary ONLY
Participant and Beneficiary

NextGen 529 Client Direct Series account number

Participant ONLY
Beneficiary ONLY
Participant and Beneficiary

NextGen 529 Client Direct Series account number

Participant ONLY
Beneficiary ONLY
Participant and Beneficiary

2. Updated Street Address, Phone Number and/or Email Address

Please print the new information exactly as you would like it to appear on your NextGen 529 Client Direct Series account.

Permanent street address (No P.O. boxes)

Mailing address if different from street address

City State ZIP Code Country

City State ZIP Code Country

Daytime phone number

Evening phone number

Email address

3. Update Name or Correct Date of Birth and/or Social Security Number

Please print the name, date of birth and/or Social Security Number exactly as you would like it to appear on your NextGen 529 Client Direct Series account. You must attach a copy of legal documentation as required.

Name correction (Last, First, MI) or name of Custodian/Trust/Corp./Other

(Attach a copy of one of the following: Social Security card indicating the new name; official marriage certificate; the first page, last page and pertinent provision of the divorce decree setting for the restoration of the former name; or signed court order approving the change.)

Social Security number (attach copy of Social Security card)

Date of birth (attach copy of birth certificate)

4. Authorization to Change Account Information

I am submitting a request to change account information and certify that the information provided herein is true and correct.

Signature of Participant (required)

Date



Program Administrator



Program Manager



Investment Manager

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