

## Important information about this form:

- Use this form to change the Participant/Account Owner for the NextGen 529 account.
- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- If the Participant/Account Owner is deceased, please submit copies of the Death Certificate and the Letter of Testamentary with this form.
- A new account number will be assigned to the NextGen 529 account upon a change of the Participant/Account Owner. The assets will be allocated based on your investment selection for your NextGen 529 account.
- Along with this form, a **Client Select Series Account Application** must also be completed and signed by the new Participant. Please reach out to your Financial Advisor for assistance.
- If a payroll deduction is used to fund the NextGen 529 account, please complete and submit a **Client Select Series Payroll Deduction Form** with the new account number.
- Use black ink to type or print clearly, and do not staple the sheets together.

## Need help?

Give us a call Monday – Friday  
from 8am-8pm ET at  
**1-833-336-4529**  
**(1-833-33NG529)**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

NextGen 529  
PO Box 534457  
Pittsburgh, PA 15253- 4457

## Overnight Mail:

NextGen 529  
Attention: 534457  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

844-751-0017

## 1 Current Participant/Account Owner's information

Please provide the Participant/Account Owner's information.

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Name of Participant/Account Owner (First and Last)

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_

Date of Birth (mm/dd/yyyy)

\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  
NextGen 529 Account Number

## 2 New Participant/Account Owner information

Please provide the new Participant/Account Owner's information to transfer the ownership of the account.

Who are you transferring ownership to? (Select one)

- The Designated Beneficiary (Move on to **Step 3**)
- An Entity (Please include an **Client Select Series Entity Application** with this form and move on to **Step 3**)
- Another individual (Fill out the information below)

\_\_\_\_\_  
Name (First and Last)

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
Date of Birth (mm/dd/yyyy)

\_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
Social Security or Taxpayer Identification Number

\_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  
Telephone Number

### 3 Sign the form

- By signing this form, you're confirming the information you've provided is true for the change of the Participant/Account Owner.
- I have received, read and understand the **NextGen 529 Client Select Series Program Description and Participation Agreement**.
- If the current Participant/Account Owner is deceased, I will submit a copy of a Death Certificate and Letter of Testamentary with this form instead of a signature.
- By signing below, I am agreeing to the terms and conditions set forth below and in the **NextGen 529 Client Select Series Program Description and Participant Agreement**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.
- I will retain a copy of the **NextGen 529 Client Select Series Program Description and Participation Agreement** for my records. I understand that NextGen 529 may, from time to time, amend the **NextGen 529 Client Select Series Program Description and Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.
- I certify that all of the information provided by me on this **Client Select Series Change Participant Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize NextGen 529 to make the Participant change based upon this information and the new Account Application from the new Participant/Account Owner.

\_\_\_\_\_  
Signature of Current Participant/Account Owner (unless deceased)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of New Participant /Account Owner

\_\_\_\_\_  
Date (mm/dd/yyyy)

Vestwell State Savings, LLC ("Vestwell") is the program manager, The Bank of New York Mellon is the program custodian, BlackRock Advisors, LLC is the program investment manager, and BlackRock Investments, LLC, Member FINRA, is the program distributor and underwriter.

**Investment products are not FDIC insured, are not bank guaranteed, and may lose value.**

 **Vestwell**  
Program Manager

  
FINANCE AUTHORITY OF MAINE  
Program Administrator

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