Client Connect Series Change Information Form

Important information about this form:

- Use this form to change an account address, telephone number, email address, or name (due to marriage, divorce or legal name change) or correct a date of birth or Social Security Number on a NextGen 529 account.
- Carefully read the **NextGen 529 Client Connect Series Program Description and Participation Agreement** before completing this form.
- Before completing this form, please make sure that the Participant/ Account Owner's information is correct by checking your account online at NextGenforME.com.
- 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:
1-844-751-0017

1 Current NextGen 529 Account information

____
Name of Participant/Account Owner (First and Last)

___ ___ ___ ___
Participant/Account Owner's Last 4 Digits of Social Security or Taxpayer Identification Number

___ ___ ___ – ___ ___ ___ – ___ ___ ___ ___
Telephone Number (In case we have a question about your account. If you are updating your phone number, enter the number you have on file in this section and the new number in Section 4)

____
Email of Participant/Account Owner

____
Designated Beneficiary Name (First and Last)

___ ___ ___ ___
Designated Beneficiary's Last 4 Digits of Social Security or Taxpayer Identification Number

2 Account updates or changes

Please identify up to three NextGen 529 account number(s) and check the box(es) to indicate for whom you plan to update or change information. To list more than three accounts, please use additional forms.

___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Current NextGen 529 Account Number

◯ Participant Only ◯ Designated Beneficiary Only ◯ Participant and Designated Beneficiary

___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Current NextGen 529 Account Number

◯ Participant Only ◯ Designated Beneficiary Only ◯ Participant and Designated Beneficiary

___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Current NextGen 529 Account Number

◯ Participant Only ◯ Designated Beneficiary Only ◯ Participant and Designated Beneficiary

3 Updated name or corrected 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 the NextGen 529 account(s) you identified in Step 2. You must attach a copy of legal documentation for each changed item.

____
Name Change (First and Last) or Name of Participant/Account Owner or Designated Beneficiary

___ ___ ___ – ___ ___ – ___ ___ ___ ___
Corrected Social Security or Taxpayer Identification Number (attach copy of Social Security card)

___ ___ / ___ ___ / ___ ___ ___ ___
Corrected Date of Birth (MM/DD/YYYY) (attach copy of birth certificate)

Use a paper clip to attach a copy of one of the following to this form: Social Security card to correct SSN or the new name; birth certificate if correcting date of birth; 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.

4 Updated street address, phone number, and/or email address

Please print the information exactly as you would like it to appear on the NextGen 529 account(s) you identified in Step 2.

Permanent residential address

No PO Boxes are accepted for a residential address.

Street Address 1 ______________________

Street Address 2 ______________________

City ______________________

State ______

ZIP Code ___ ___ ___ ___ ___ – ___ ___ ___ ___

Telephone Number ___ ___ ___ – ___ ___ ___ – ___ ___ ___ ___

Email Address ______________________

Mailing address

If different from permanent address.

Street Address 1 ______________________

Street Address 2 ______________________

City ______________________

State ______

ZIP Code ___ ___ ___ ___ ___ – ___ ___ ___ ___

Is this mailing address a seasonal address?

◯ Yes Please enter the End Date upon which mailing address will revert back to previous mailing address.

___ ___ / ___ ___ / ___ ___ ___ ___

End Date (MM/DD/YYYY)

5 Manage Successor Participant/Account Owner information

- Fill out this form to add, change or remove a Successor Participant/Account Owner from the NextGen Client Connect Plan account.
- The role of the Successor Participant/Account Owner does not apply to UTMA/UGMA accounts.
- A trust must already be established if you want to designate the trust as the Successor Participant/Account Owner.
- Legally, the Successor Participant/Account Owner is eligible to assume all rights, title, and interest if the Account Owner dies or becomes incapacitated.
- The Successor Participant/Account Owner must be at least 18 years old.
- A new account is required to be established for new ownership.
- Review the **NextGen 529 Client Connect Series Program Description and Participation Agreement** for details about Successor Participants.

Manage Successor Participant/Owner information

◯ Add a Successor Participant/Account Owner (Complete information below)

◯ Change the Successor Participant/Account Owner (Complete information below)

◯ Remove the Successor Participant/Account Owner (Skip to **Step 7**)

NEW Successor Participant/Owner information

Fill out this step to add or change a Successor Participant/Account Owner for this account. The Successor Participant/Account Owner must be at least 18 years old.

____

Name (First and Last)

___ ___ / ___ ___ / ___ ___ ___ ___

Date of birth (MM/DD/YYYY)

___ ___ ___ – ___ ___ – ___ ___ ___ ___

Social Security or Taxpayer Identification Number

5 Sign the form

By signing this form, I authorize the change(s) and acknowledge the following:

- I certify that I am the Participant/Account Owner, or I have the authority to act for the Participant/Account Owner.
- I have received, read and understand the **NextGen 529 Client Connect Series Program Description and Participation Agreement**.
- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- I have checked that the Participant/Account Owner information on file for the NextGen 529 account is correct.
- By signing below, I am agreeing to the terms and conditions set forth below and in the **NextGen 529 Client Connect Series Program Description and Participation Agreement**. I understand and agree that those documents govern all aspects of this account and are incorporated herein by reference.

Signature of 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 Northern Lights Distributors, LLC is the Connect Series distributor.

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

Vestwell

Program Manager

FAME
FINANCE AUTHORITY OF MAINE

Program Administrator