Kentucky Education Savings Plan Trust
Account Information Change Form

Use this form to add or modify Account information
Questions? Call toll-free 1-877-598-7878
P.O. Box 8100, Boston, MA 02266-8100
Visit www.kysaves.com

Instructions

- You can update certain Account Owner or Beneficiary information online, by telephone, or you can mail this form to the Program.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Section 5, or if you intend to withdraw funds within 30 days of an address change**.** *Please see the* **Important Information** box at the end of this form for additional instructions**.**
- You must submit a separate *Account Information Change Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Program form, by calling the Program or by visiting www.kysaves.com
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Program at the above address.

1 Account Information *(You must provide complete information.)*

1 2 3 4 5 6 7 8 9

Program Account Number

555-111-2222

Telephone Number

Devin A Sample

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Crystal R Sample

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply.)*

You can update certain Account Owner or Beneficiary information online, by telephone or through this form, as described below.

- **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 5.
- **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

_ _ - _ _ - _ _ _ _

Account Owner's Date of Birth (mm-dd-yyyy)

_ _ - _ _ - _ _ _ _

Beneficiary's Date of Birth (mm-dd-yyyy)

Social Security or Taxpayer ID Number: Provide a copy of your U.S. government-issued Social Security or Taxpayer ID card.

_ _ _ - _ _ - _ _ _ _

Account Owner's Social Security Number or Tax ID Number

_ _ _ - _ _ - _ _ _ _

Beneficiary's Social Security Number or Tax ID Number

Address or Telephone Number: Documentation is not required. (You can also make these changes online or by telephone.)

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

_ _ _ - _ _ _ - _ _ _ _

Day Telephone Number

_ _ _ - _ _ _ - _ _ _ _

Evening Telephone Number

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Program.)

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[1] Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Option Name *(Investment Option Code)*	***Whole Percentage*** *(per Investment Option)*	**Check if new Investment Option[2]**
Managed Allocation Option	50 %	☐ New Option
Active Equity Option (1970)	%	☐ New Option
Equity Index Option (1969)	50 %	☑ New Option
Balanced Option (2006)	%	☐ New Option
Fixed Income Option (1971)	%	☐ New Option
Guaranteed Option (1819)	%	☐ New Option
TOTAL	**100%**	

4 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Program. The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner, and must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number and must be at least 18 years of age. Any designation you make here may be changed or revoked at a future date.

Note: a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

☐ **Add** a Contingent Account Owner for the first time	☐ **Change** an Existing Contingent Account Owner Designation	☐ **Revoke** a Contingent Account Owner Designation

New Contingent Account Owner Information (Provide this information to add or change a Contingent Account Owner.)

Name (First, MI, Last, Suffix)

_ _ _ - _ _ - _ _ _ _ *Social Security Number or Taxpayer ID Number*

_ *Gender (M/F)*

_ _ - _ _ - _ _ _ _ *Date of Birth (mm-dd-yyyy)*

[2] If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

5 Signature and Authorization *(This section must be signed for these changes to take effect.)*

By signing below, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information as indicated on this Form.

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below).

09/18/2015

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided. This stamp is also required if you intend to withdraw funds within 30 days of any address change.

Note: The SVP stamp is not required if a Program Power of Attorney Form is on file for an Individual Account, or if a Program Power of Attorney Form accompanies this form.

GUARANTOR TO AFFIX STAMP HERE

TIAA CREF
Financial Services

Mail this form to:

Kentucky Education Savings Plan Trust
P.O. Box 8100
Boston, MA 02266-8100

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