Edvest College Savings Plan

Account Information Change Form

Questions? Call toll-free 1.888.338.3789
Or write to the Plan at P.O. Box 55189 Boston, MA 02205-5189
Visit www.Edvest.com

Instructions

- Complete this form to update Participant or Beneficiary's information, update an account address, or to add/change a Contingent Account Owner or Interested Party on your account.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Sections 2 and 6, 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*.
- Print in capital letters with blue or black ink and mail to the Plan.

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

1 2 3 4 5 6 7 8 9

Account Number (Refer to your Account Statement)

Devin C Sample

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

Crystal R Sample

Beneficiary Name (First, MI, Last)

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

Please provide the new information exactly as you want it to appear on your account.

> **Participant or Beneficiary 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 correction:** Provide a copy of your Social Security or Taxpayer ID card.

- -

Participant'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 by telephone.)

New Residential Address (This must be a residential street address - a P.O. Box is not acceptable.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

( ) -

Contact Telephone Number

E-mail Address

[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 of this form is the appropriate person to provide instruction for this account. 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 Plan 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]
Age-Based Option	%	☐ New Option
Aggressive Age-Based Option	%	☐ New Option
Index-Based Aggressive Portfolio (3427)	%	☐ New Option
Index-Based Growth Portfolio (3428)	50 %	☐ New Option
Index-Based Moderate Growth Portfolio (3429)	%	☐ New Option
Index-Based Conservative Growth Portfolio (3430)	%	☐ New Option
Index-Based Income Portfolio (3431)	%	☐ New Option
Active-Based Aggressive Portfolio (3432)	%	☐ New Option
Active-Based Growth Portfolio (3433)	50 %	☐ New Option
Active-Based Moderate Growth Portfolio (3434)	%	☐ New Option
Active-Based Conservative Growth Portfolio (3435)	%	☐ New Option
Active-Based Income Portfolio (3436)	%	☐ New Option
Balanced Portfolio (3437)	%	☐ New Option
Large-Cap Stock Index Portfolio (3438)	%	☐ New Option
Small-Cap Index Portfolio (3439)	%	☐ New Option
International Equity Index Portfolio (3440)	%	☐ New Option
Bond Index Portfolio (3441)	%	☐ New Option
U.S. Equity Active Portfolio (3442)	%	☐ New Option
U.S. Equity Index Portfolio (3443)	%	☐ New Option
Social Choice Portfolio (3444)	%	☐ New Option
Bank CD Portfolio (3445)	%	☐ New Option
Principal Plus Interest Portfolio (3446)	%	☐ New Option
TOTAL	**100%**	

4 Add, Change or Remove Successor Account Owner Information *(for Individual Accounts only)*

The Successor Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien and be at least 18 years of age, or an emancipated minor at the time the account is transferred and when a contribution is made to the account. The Contingent Account Owner must have a valid Social Security or Taxpayer Identification Number.

Note: A Successor 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** Successor Account Owner Designation ☐ **Change** an Existing Contingent Account Owner Designation ☐ **Remove** an Existing Contingent Account Owner Designation

[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.

Name of Successor Account Owner (First, MI, Last, Suffix)

Social Security Number or Individual Taxpayer Identification Number — *Date of Birth (mm-dd-yyyy)*

5 Add, Change or Remove Interested Party

Complete this section to add change, or remove a person designated to receive duplicate copies of quarterly account statements for your account.

Please check the appropriate box:

☐ **Add** ☐ **Replace** ☐ **Remove**

Name of Person to Receive Duplicate Statements

Mailing Address

City, State, Zip

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

I certify that the information provided in this form is true, complete, and accurate in all respects. A Signature Validation Program Stamp[1] appears below if (i) I am requesting a legal name change or (ii) I am an individual acting in a legal capacity as a representative of the Account Owner/entity Account Owner or (iii) I am changing the account address and intend to withdraw funds within the next 30 days.

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

Important Information

A Signature Validation Program Stamp is required for all entity Accounts, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Participant. 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 Program Stamp will be provided.

Note: **A Signature Validation Program Stamp is not required for individuals acting in a legal capacity as a representative for an Account Owner of an Individual Account if a *Plan Power of Attorney Form* is on file, or if a *Plan Power of Attorney Form* accompanies this form.**

Mail To:

TIAA CREF Financial Services

Overnight Mail
Edvest College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail
Edvest College Savings Plan
P.O. Box 55189
Boston, MA 02205-5189

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AFFIX SVP STAMP HERE