

529 Plan Account Change Request

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Use this form when requesting an update of Date of Birth (DOB) or Social Security number (SSN) for an existing Beneficiary, Successor Owner, or Successor Custodian on your 529 Plan account held at the firm. First Clearing* cannot make registration changes to existing accounts.

1. Beneficiary Update	
Complete this section only if the Beneficiary's Name, Date of Birth or SSN is incorrect (ex. spelling of name or a transposed SSN)	
(Current) Name of Beneficiary <i>(print)</i>	
(Current) Date of Birth of Beneficiary <i>(MM/DD/YYYY)</i>	(Current) SSN of Beneficiary
(Updated) Name of Beneficiary <i>(print)</i>	
(Updated) Date of Birth of Beneficiary <i>(MM/DD/YYYY)</i>	(Updated) SSN of Beneficiary

2. Successor Owner or Successor Custodian Change	
<p>A. The Successor Owner must be a U.S. citizen or legal U.S. resident and becomes the Owner of the account in the event the Account Owner dies or becomes legally incompetent. The Successor Owner cannot be the same person as the Account Owner. A Successor Owner cannot be named for an account funded with UGMA/UTMA assets.</p> <p>B. A Successor Custodian can only be designated if allowed in the states where the UGMA/UTMA is established (for accounts funded with UGMA/UTMA assets only).</p>	
(Current) Name of Successor Owner or Successor Custodian <i>(print)</i>	
(Current) Date of Birth of Successor Owner or Successor Custodian <i>(MM/DD/YYYY)</i>	
(Current) Address of Successor Owner or Successor Custodian <i>(print)</i>	
(Current) SSN of Successor Owner or Successor Custodian	
(New) Name of Successor Owner or Successor Custodian <i>(print)</i>	
(New) Date of Birth of Successor Owner or Successor Custodian <i>(MM/DD/YYYY)</i>	
(New) Address of Successor Owner or Successor Custodian <i>(print)</i>	
(New) SSN of Successor Owner or Successor Custodian	
Relationship to Beneficiary	Percentage of Ownership

3. Signature of Current 529 Plan Account Owner	
I direct you to make changes to my 529 Plan Account in the manner that I have indicated on this form, and I assume sole responsibility for any tax consequences. I certify that the instructions and information provided herein are true and correct.	
Signature of Current Account Owner (or Parent/Guardian if Owner is a Minor) or Signature of Successor Owner (if Current Account Owner is Deceased)	Date (MM/DD/YYYY)
X	

*Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.