

EdVestSM Account Change Request



Complete this form to establish or change information on your *EdVest* account. You must complete sections 1 and 8 of this form and any other sections as applicable. Before mailing this form, confirm that you are returning all three pages. If you have questions or would like help completing this form, call us toll-free at **1-888-338-3789**. Information is also available online at **EdVest.com**.

1 ACCOUNT INFORMATION AND MAILING ADDRESS (PLEASE PRINT)

_____ Name of account owner, custodian (first, middle initial, last), or entity	_____ Social Security/taxpayer ID number		
_____ If trust, name of trustee(s) (first, middle initial, last)	_____ Date of trust (mm/dd/yyyy)		
_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. residential street address)	_____ City	_____ State	_____ ZIP code
_____ Email address	_____ Daytime phone	_____ Evening phone	
_____ Name of designated beneficiary (first, middle initial, last)	_____ Social Security number		
_____ Fund number and account number	_____ Fund number and account number		
_____ Fund number and account number	_____ Fund number and account number		

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the account owner, custodian, or entity. All future correspondence will be sent to the new address until you advise us otherwise. The beneficiary address, if provided in section 2 of this form, will be updated on accounts for which the same account owner, custodian, or entity is authorized. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 BENEFICIARY ADDRESS CHANGE

If the beneficiary has a new address, please provide it below.

_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code
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3 SUCCESSOR ACCOUNT OWNER INFORMATION (CHANGE OR ESTABLISH)

An account owner may designate a successor account owner to assume control of the account upon the account owner's death. Note that the successor account owner must be eligible to be an account owner. If you choose to designate a successor account owner for an *EdVest* Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) account, we require a completed Designation of Successor Custodian form.

By completing this section, I certify that it is my intent to revoke the current successor account owner and name a new successor account owner or to designate a successor account owner for the first time. I also understand that a change in circumstances, such as a divorce, may automatically revoke this designation. Instructions provided on this form override any successor account owner instructions included in a will or codicil. I further agree to notify my successor account owner of his/her status.

If successor account owner information is provided, all accounts listed in section 1 of this form will be updated.

- Designate a new successor account owner using the information provided below. This designation overrides any previous designations. I certify that the successor account owner is a U.S. citizen/resident alien. (Nonresident aliens are not eligible to participate in the program.)

_____ Name of successor account owner (first, middle initial, last) or entity	_____ Social Security/taxpayer ID number	_____ Date of birth (mm/dd/yyyy) (must be 18 or older)	
_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code

- Revoke the current successor account owner **without** designating a new successor account owner.

4 BANK INFORMATION (CHANGE OR ESTABLISH)

Complete this section to change or establish bank information used for an Automatic Investment Plan (AIP), the Express Purchase option, or the Redemption option via electronic funds transfer (EFT) or wire. See section 7 of this form for additional details on bank registration requirements.

Contact your financial institution to confirm that the routing number on the voided check (or for your savings account) is valid for EFT and wire transactions. Include written instructions if the routing numbers are different.

Note: If you have bank information on file for an AIP, the Express Purchase option, or the Redemption option, it will be removed and replaced with the new bank information provided, unless otherwise indicated in section 5 or section 6 of this form.

Account type (check one):

Checking account (attach a preprinted, voided check)

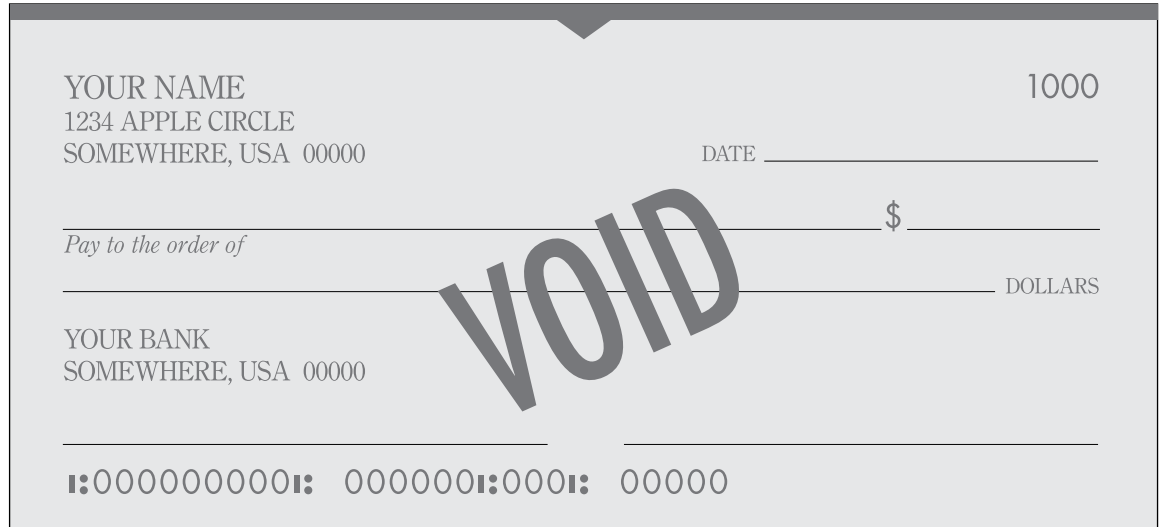
Savings account (provide the savings account information below):

Savings account registration: _____

Savings ABA/routing number: _____ Savings account number: _____

Note: If no box is checked, your account will be updated as checking.

Please attach your preprinted, voided check here. Do not staple.



Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

5 AUTOMATIC INVESTMENT PLAN (CHANGE OR ESTABLISH)

Complete this section to modify or establish an AIP. An AIP allows you to make scheduled, automatic purchases from your bank account into your EdVest account. Include bank information in section 4, if applicable.

List the account(s) to be updated:

_____ Fund number and account number

_____ Fund number and account number

Establish a new AIP or Modify or restart an existing AIP

Using the **new** bank information (include bank information in section 4).

Using the **existing** bank information on file.

AIP dollar amount per investment: \$_____ (There is a \$15 minimum investment, per account.)

Frequency (choose one):

Monthly or semimonthly, on the _____ and _____ day(s) of each month.

Periodically, on the _____ and _____ day(s) of the month(s) indicated below.

January

February

March

April

May

June

July

August

September

October

November

December

If you are establishing a new AIP and no amount is chosen, your bank account will be debited \$15 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of each month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP purchase will cycle on the previous business day. If you are updating an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.

6 ACCOUNT OPTIONS (CHANGE OR ESTABLISH)

The following options will be updated on all accounts listed in section 1 of this form. Include bank information in section 4, if applicable.

If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided, unless you check the box below:

Change the bank information for the following option(s), keeping any previous bank information on file as secondary information.

If you do not want a certain option on your account, check the box to indicate that you do not want that specific option.

Investment Change—This option allows you to sell shares via the internet or by phone from one portfolio and use the proceeds to buy shares in an identically registered *EdVest* account in another portfolio. The number of investment changes that can be requested each calendar year without a change in the designated beneficiary is limited per 529 plan regulations. Refer to the Program Description and Participation Agreement for details. **This option will be added to your account unless you check the following box:** I do **not** want the Investment Change option.

Redemption*—This option allows you to sell shares by phone to have money sent to the account owner's address of record or bank account (via EFT or wire) if bank information is provided. You may also sell shares via the internet to have a check payable to the account owner sent to the address of record. **This option will be added to your account unless you check the following box:** I do **not** want the Redemption option.

**If the EdVest account is a UGMA/UTMA account, I certify that any funds redeemed will be used for the benefit of the minor.*

Express Purchase—This option allows you to purchase shares via the internet or by phone with payment from your designated bank account by EFT if bank information is provided. **If bank information is provided, this option will be added to your account unless you check the following box:** I do **not** want the Express Purchase option.

Note: If you have an active Systematic Withdrawal Plan and would like to change the bank information, please attach a letter of instruction signed by all account owners.

7 BANK INFORMATION

To establish account options by EFT, your bank account registration **MUST** have one name in common with the *EdVest* account owner/custodian. If the college savings plan account is registered as a trust or other entity, your bank account registration **MUST** match the registration information in section 1 of this form. The applicable portfolio, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "Wells Fargo")—will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I herein authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company, or any successor, on behalf of the applicable college savings plan. I acknowledge and understand that Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the applicable College Savings Plan Program Description and Participation Agreement or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

8 AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided with respect to my *EdVest* account is true, complete, and correct. I have received, read, and agree to the terms set forth in the Program Description and Participation Agreement.

To initiate any changes, you must sign and date here.

X _____
Signature of account owner, custodian, trustee, partner, officer, or authorized financial advisor Print name Date

X _____
Signature of co-trustee, partner, or officer Print name Date

MAIL

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c/o Wells Fargo
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