

EdVestSM Change of Beneficiary



Complete this form to change the designated beneficiary on your EdVest account. Note: A change of beneficiary is not allowed on a Uniform Gifts/Transfers to Minors Act account. 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)

A Social Security/
taxpayer ID number
is required for
any change to be
processed.

Fund and account number			
Name of account owner (first, middle initial, last) or entity		Social Security/taxpayer ID number	
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 current designated beneficiary (first, middle initial, last)		Social Security 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 or entity. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 NEW BENEFICIARY INFORMATION

All information is
required to process
your change of
beneficiary request.

The new beneficiary must be a "member of the family" of the current designated beneficiary, as defined by Section 529 of the Internal Revenue Code. If the new designated beneficiary is NOT a "member of the family," you must instead complete an EdVest Distribution Request form and an EdVest Account Application because the transaction will be considered a nonqualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Name of new beneficiary (first, middle initial, last)	Social Security number	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street address	City	State	ZIP code
Relationship to the current designated beneficiary	Date of birth (mm/dd/yyyy)		
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien (Nonresident aliens are not eligible to participate in the program.)			

3 ANTICIPATED YEAR OF ENROLLMENT

Provide the anticipated year the new designated beneficiary will begin college: 20_____

Note: If no year is entered, we will add 18 years to the designated beneficiary's date of birth if the birth month is January through August and 19 years if the birth month is September through December.

4 INVESTMENT SELECTION

Wells Fargo will establish a new account in the same investment option as the current beneficiary unless indicated below. If you are invested in an enrollment-based option, the account for the new beneficiary will be based upon his or her anticipated year of enrollment.

If you would like to change the investment option or purchase into an existing account for the new beneficiary, provide the information below and/or indicate your new investment selection on the following page.

Note: If no amount is indicated or the balance in the current account is less than the amount requested, the entire balance will be transferred to the new beneficiary.

Existing EdVest account for the new beneficiary: _____ \$ _____
Fund and account number

4 INVESTMENT SELECTION (CONTINUED)

Complete the following to select a different investment option for the new beneficiary. Refer to the Program Description and Participation Agreement for details. A separate account will be established for each portfolio you select.

Fixed allocation options

- Vanguard Small Cap Index Portfolio \$ _____
- Vanguard International Index Portfolio \$ _____
- Vanguard Stock Index Portfolio \$ _____
- Wells Fargo Aggressive Portfolio \$ _____
- Wells Fargo Moderate Portfolio \$ _____
- Vanguard Balanced Portfolio \$ _____
- Wells Fargo Balanced Portfolio \$ _____
- Wells Fargo Conservative Portfolio \$ _____
- Vanguard Bond Index Portfolio \$ _____
- Wells Fargo Bond Portfolio \$ _____
- Wells Fargo Money Market Portfolio \$ _____
- Bank CD Portfolio* \$ _____

Enrollment-based options

Investment mix changes over time, based on the estimated years to enrollment of the designated beneficiary.

- Aggressive Growth Track \$ _____
- Moderate Growth Track \$ _____
- Conservative Growth Track \$ _____

* The Bank CD Portfolio is only available in the Investor Class (no-load) shares.

5 IMPORTANT INFORMATION ABOUT ACCOUNT OPTIONS

Please review the following information regarding the account options on your current and any new account(s) opened as a result of this beneficiary change.

Future automatic investment plan (AIP) contributions (\$15 minimum investment, per account)

Note: If an AIP is started on any new account(s), the current information on file will be used unless indicated below.

If you are moving the entire current account balance—Any active AIP will be stopped on your current account. If you open one new account, the AIP will be automatically established on your new account and any AIP in process will be purchased into the new account. If you open multiple new accounts, an AIP will not be established on the new accounts unless instructed below.

- Start an AIP for \$ _____ on the _____ day of each month on all new accounts. Only bank information on file will be used.**

If you are moving a portion of the current account balance—Any active AIP will remain on the current account and an AIP will not be established on the new account(s) unless instructed below.

- Start an AIP for \$ _____ on the _____ day of each month on all new accounts. Only bank information on file will be used.**
- Stop the AIP on the current account or Modify the AIP on the current account to \$ _____ on the _____ day of each month.

Express purchase—If you have the express purchase option as a contribution method on your current account, it will be established on your new account(s) unless you indicate otherwise.**

Redemption—If you have the redemption option on your current account, it will be established on your new account(s) unless you indicate otherwise.**

Future payroll direct deposits—If you are a participant in your employer’s payroll direct deposit program, you must inform your employer of your new account number(s). Contributions received via payroll direct deposit into your current account may be returned if the entire balance is moved to a new account.

- I would like to contribute to my account via payroll direct deposit. Please send me information that I may forward to my employer, which includes my new account number(s). *Confirm that your employer offers payroll direct deposit before selecting this option.*

** Complete an EdVest Account Change Request form to update bank information or to establish an AIP, the express purchase option, or the redemption option.

6 ACCOUNT AGREEMENT AND SIGNATURE(S)

I certify that the new beneficiary is a "member of the family" of the current designated beneficiary and that the information provided on this form is true, complete, and correct and complies with the terms set forth in the Program Description and Participation Agreement. I understand that any individuals authorized to act on my original account will be assigned to and have authority in the same capacity on my new account.

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

X

Signature of account owner, trustee, partner, officer, or authorized financial advisor

Print name (and title, if applicable)

Date

X

Signature of co-trustee, partner, or officer

Print name (and title, if applicable)

Date

- Before you mail, have you:**
- Completed section 1?
 - Completed the new beneficiary information in section 2?
 - Selected an investment option in section 4?
 - Completed section 5 (if applicable)?
 - Signed this form in section 6?

MAIL

EdVest
c/o Wells Fargo
P.O. Box 55244
Boston, MA 02205-8348