

## **Change of Dealer Form**

This form is used to transfer Scholars Choice accounts to a new Broker/Dealer. Financial professionals should fax completed forms to 508-599-4157 for processing. For questions regarding this form, please call 888-5-SCHOLAR (888-572-4652).

1. Account(s)						
Account Owner Name: (1)			Account Owner Name: (2)			
Beneficiary Name: (1)			Beneficiary Name: (2)			
Account Number: (1) The account(s), presently serviced	by (firm name).		Account Number: (2)  , is (are) to be	changed to	new Broker/	Dealer information below.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2. New Broker/Dea	ier intormation					
Dealer/RIA Name						
Branch Address		City			State	ZIP Code
				(	)	
Financial Professional Name(s)				Financial Pro	otessional lele	ephone Number
BIN¹ (if applicable)	Dealer/RIA Number	Branch Number		Financial Pro	ofessional Nur	mher
Silv (ii applicable)	Boulet, His Citation	Brandi Walliber			)	
Branch Manager Name				Branch Man	ager Telephor	ne Number
2 Due Authorization	n to Financial Drofe	anional				
3. Pre-Authorizatio	n to Financial Profe	essionai				
	Authorization for Future Inve					
By checking this box and signing t changes, non-qualified and qualifirequest for withdrawal is \$50,000 account on record, or sent directly service provider. I understand that any loss, injury, damage or expension given, by my financial professional	ed withdrawals that I request for per account. I understand that th to the educational institution. I u neither Scholars Choice nor Colle re resulting from acting upon inst	all accounts I own identing withdrawal will only be understand that I may can egelnyest nor its affiliates	ied in Section 1 of this is issued to me via check cel this feature at any tist, agents or service prov	form. For ea to my home ime by notify iders nor my	ch withdrave address, to ying the Pro y financial p	val request, the maximum ransferred to my bank gram Manager or its professional are liable for
Financial Professional Name (Must be bro	oker of record on this account(s)).					

<sup>1</sup> Broker/Dealer Identification Number

Scholars Choice® is a registered service mark of CollegeInvest. Administered and Issued by CollegeInvest. Legg Mason Global Asset Allocation, LLC, Investment Manager. Legg Mason Investor Services, LLC, Primary Distributor, Member FINRA. Legg Mason Global Asset Allocation, LLC and Legg Mason Investor Services, LLC are Legg Mason, Inc. affiliates.

## 4. Contribution Services and Banking Information

Complete this section if you would like to establish contribution services and/or Banking Information on the account(s) indicated in Section 1. Account Owners should contact the previous Broker/Dealer to ensure previous banking instructions are cancelled. Please check one of the three boxes below, then complete Section 4a and/or Section 4b. The Banking Information Section, 4c, must be completed to establish contribution services.

By electing Automatic Funds Transfer (AFT), you are establishing recurring transfers from your personal bank account for deposit into your Scholars Choi If you elect this service, you hereby authorize the Program to initiate transfers from your bank account into your Scholars Choice Account in accordant following instructions. It takes approximately 10 business days to initiate your first AFT. You must complete the Banking Information Section below Medallion Signature Guarantee is required in Section 5.  Enter Amount of Recurring Contribution:  (minimum of \$50 for subsequent contributions)  \$  Date(s) of Transfer:  Enter date(s) of the month, (e.g., for 1st of month, enter 01):    If you indicate two dates, contributions will occur twice a more If no date is indicated, the default date is the 15th of the month.	ce with the
(minimum of \$50 for subsequent contributions)  \$  Date(s) of Transfer: Enter date(s) of the month, (e.g., for 1st of month, enter 01):  and  If you indicate two dates, contributions will occur twice a more lift no date is indicated, the default date is the 15th of the month.	
S  Date(s) of Transfer: Enter date(s) of the month, (e.g., for 1st of month, enter 01):  and  If you indicate two dates, contributions will occur twice a mor lf no date is indicated, the default date is the 15th of the month.	
Date(s) of Transfer: Enter date(s) of the month, (e.g., for 1st of month, enter 01):  If you indicate two dates, contributions will occur twice a mor lift no date is indicated, the default date is the 15th of the month.	
Date(s) of Transfer:  Enter date(s) of the month, (e.g., for 1st of month, enter 01):  If you indicate two dates, contributions will occur twice a more lift no date is indicated, the default date is the 15th of the month.	
Enter date(s) of the month, (e.g., for 1st of month, enter 01):	
1st date 2nd date	
Frequency of Contributions:	
Every Month Or, check the month(s) that apply:  January August August April April May June December December	r
4b) Electronic Purchase Service (if applicable)	
By electronic Purchase Service, you will be able to make Electronic Funds Transfer contributions at any time over the Internet at <a href="https://www.scholars-choice.com/ac">www.scholars-choice.com/ac</a> or by phone (888-572-4652). This service may not be available at all selling institutions. <b>You must complete the Banking Information Section below.</b>	countaccess
4c) Banking Information	
You must tape a voided check from your checking account or savings deposit slip from your savings account. A letter signed by your bank verifying your account info	rmation will
Type of Bank Account: Checking Savings Name(s) on Bank Account:	
Name (First, Middle Initial and Last)	
Ivalile (i list, iviluale lilitia) and tast)	
Name (First, Middle Initial and Last)	
All named bank account owners named above must authorize this AFT and/or Electronic Purchase Service by signing here:	
ignature Date	
Nanatura Data	
Signature Date	
TAPE A VOIDED	
CHECK HERE:	
CHECK HERE.	

authorize this change of Broker/Dealer from the account(s) listed in Section 1.	
Signature of Current Account Owner or Current Responsible Individual	Date
Medallion Signature Guarantee	
Medallion Signature Guarantee is a written endorsement from an eligible guaranton he guarantee can be provided by any eligible financial institution, including: banks, bund savings associations. No other form of signature verification will be accepted. Ple	proker/dealers, credit unions, and national securities exchang
lease check with your financial professional to find out which additional documentation	n may be required to obtain a Medallion Signature Guarantee.

Please return this form and supporting documents, if applicable, to your financial professional or to other address based on his or her instructions. For a copy of the Program Disclosure Statement, visit <u>scholars-choice.com</u>.

For online account access and to sign up for electronic delivery of quarterly account statements, confirmations, tax form 1099-Q and the Program Disclosure Statement and Amendments, go to <a href="mailto:scholars-choice.com/gopaperless">scholars-choice.com/gopaperless</a>.