

Change of Dealer Form

COLLEGE SAVINGS PROGRAM
BY COLLEGEINVEST®

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.

1. Account(s)

Account Owner Name: (1)

Account Owner Name: (2)

Beneficiary Name: (1)

Beneficiary Name: (2)

Account Number: (1)

Account Number: (2)

The account(s), presently serviced by (firm name), _____, is (are) to be changed to new Broker/Dealer information below.

2. New Broker/Dealer Information

Dealer/RIA Name

Branch Address

City

State

ZIP Code

Financial Professional Name(s)

Financial Professional Telephone Number

BIN¹ (if applicable)

Dealer/RIA Number

Branch Number

Financial Professional Number

Branch Manager Name

Branch Manager Phone Number

3. Pre-Authorization to Financial Professional

Financial Professional Authorization for Future Investment Option Changes and Withdrawals

By checking this box and signing this form, I am giving permission to my financial professional to give instructions to Scholars Choice to process investment option changes, non-qualified and qualified withdrawals that I request for all accounts I own identified in Section 1 of this form. For each withdrawal request, the maximum request for withdrawal is \$50,000 per account. I understand that the withdrawal will only be issued to me via check to my home address, transferred to my bank account on record, or sent directly to the educational institution. I understand that I may cancel this feature at any time by notifying the Program Manager or its service provider. I understand that neither Scholars Choice nor CollegenInvest nor its affiliates, agents or service providers nor my financial professional are liable for any loss, injury, damage or expense resulting from acting upon instructions purporting to be from my financial professional on my behalf, but which were not, in fact given, by my financial professional.

Financial Professional Name (Must be broker of record on this account(s)).

¹ Broker/Dealer Identification Number

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

4a) Automatic Funds Transfer

By electing Automatic Funds Transfer (AFT), you are establishing **recurring** transfers from your personal bank account for deposit into your Scholars Choice account. If you elect this service, you hereby authorize the Program to initiate transfers from your bank account into your Scholars Choice Account in accordance with the following instructions. It takes approximately 10 business days to initiate your first AFT. **You must complete the Banking Information Section below.**

Enter Amount of Recurring Contribution: (minimum of \$50 for subsequent contributions)	Amount	Investment Option Name(s)
	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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 month. If no date is indicated, the default date is the 15th of the month.

1st date 2nd date

Frequency of Contributions:

Every Month January February March April May June

Or, check the month(s) that apply: July August September October November December

4b) Electronic Purchase Service (if applicable)

By electing Electronic Purchase Service, you will be able to make Electronic Funds Transfer contributions at any time over the Internet at www.scholars-choice.com/accountaccess or by phone (888-572-4652). This service may not be available at all selling institutions. **You must complete the Banking Information Section below.**

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 information will also be accepted.

Type of Bank Account: Checking Savings

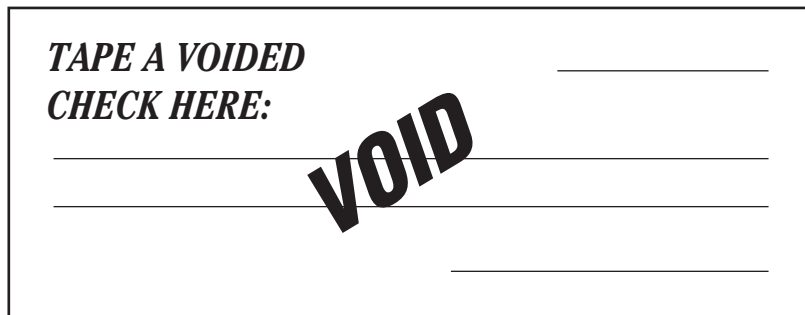
Name(s) on Bank Account:

Name (First, Middle Initial and Last)

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:

<input style="width: 100%;" type="text"/> Signature	<input style="width: 100%;" type="text"/> Date
<input style="width: 100%;" type="text"/> Signature	<input style="width: 100%;" type="text"/> Date



5. Signature

I authorize this change of Broker/Dealer from the account(s) listed in Section 1.

Signature of Current Account Owner or Current Responsible Individual	Date