



Investment-Related Account Changes

(Investment Option, Beneficiary and Account Owner Changes)

COLLEGE SAVINGS PROGRAM
BY COLLEGEINVEST®

Check with your financial professional to see if any of this information can be processed over the phone (888-572-4652), via fax (508-599-4157) or by visiting scholars-choice.com/accountaccess. These services may not be available at all selling institutions.

1. Current Account Information

<input type="text"/> Account Owner Name (First, Middle Initial and Last)	<input type="text"/> Account Owner Social Security Number or TIN ¹
<input type="text"/> Beneficiary Name (First, Middle Initial and Last)	<input type="text"/> Account Owner Telephone Number
<input type="text"/> Account Number	<input type="text"/> Financial Representative Telephone Number

2. Beneficiary Change

Change the beneficiary on an existing account or transfer a portion of your assets from one beneficiary to another beneficiary. Please complete Section 3 as well in order to indicate the proper investment option into which the new Beneficiary's account should be invested.

Check with your financial professional if a New Account Application is also required.

- The new beneficiary must be a "member of the family" of the current beneficiary as defined by Section 529 of the Internal Revenue Code.
- Transfers will be permitted up to the maximum account balance limit. Any amount in excess will remain in the existing account.
- If the existing account was funded with UTMA/UGMA custodian assets or is a minor-owned account, the beneficiary cannot be changed.

Transfer Amount:

% of Account Balance	OR	Dollar Amount	"Transfer to" Account Number (or indicate "New")	Check if New Account
%		\$		<input type="checkbox"/>
%		\$		<input type="checkbox"/>
%		\$		<input type="checkbox"/>
%		\$		<input type="checkbox"/>

New Beneficiary Information

The new beneficiary is the individual whose qualified higher educational expenses will be paid from this account.

<input type="text"/> Beneficiary Name (First, Middle Initial and Last)			
<input type="text"/> Social Security Number	<input type="text"/> Date of Birth (mm/dd/yyyy)	<input type="text"/> Telephone Number	
<input type="text"/> Residential Street Address (PO boxes not permitted)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code
<input type="text"/> Mailing Address, if different (PO boxes permitted)	<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code

- Please transfer electronic purchase and/or AFT instructions and banking information from my existing account to my new Beneficiary's account.
- Please send duplicate copies of quarterly statements to Beneficiary's address (if different from account owner's address).

¹ Taxpayer Identification Number

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE



3. Investment Option Change

The investment option(s) for the account identified in Section 1 will be changed to the investment option(s) identified below in the same unit class as the account in the current investment option(s). **Check with your financial professional if multiple investment options can be held in one account.**

The electronic purchase and Automatic Funds Transfer (AFT) services and associated banking instructions, if established on the account in the current investment option(s), will be terminated and will automatically be established for the new investment option(s). If you do **not** want these services on the **new** investment option(s), please check the box below.

I do not want electronic purchase or AFT services on my account in the new investment option(s).

Investment option change due to Change of Beneficiary (Section 2 must be completed).

Current Investment Option(s)		New Investment Option(s)		Dollar Amount	OR	% of Units
Age-Based Option: <i>Enter child's current age:</i> <input type="text"/>	<input type="checkbox"/>	Age-Based Option: <i>Enter child's current age:</i> <input type="text"/>	<input type="checkbox"/>	\$		%
Years to Enrollment Option: <i>Enter expected year of beneficiary's enrollment in college²:</i> <input type="text"/>	<input type="checkbox"/>	Years to Enrollment Option: <i>Enter expected year of beneficiary's enrollment in college²:</i> <input type="text"/>	<input type="checkbox"/>	\$		%
All Equity Option	<input type="checkbox"/>	All Equity Option	<input type="checkbox"/>	\$		%
Equity 80% Option	<input type="checkbox"/>	Equity 80% Option	<input type="checkbox"/>	\$		%
Balanced 50/50 Option	<input type="checkbox"/>	Balanced 50/50 Option	<input type="checkbox"/>	\$		%
Fixed Income 80% Option	<input type="checkbox"/>	Fixed Income 80% Option	<input type="checkbox"/>	\$		%
All Fixed Income Option	<input type="checkbox"/>	All Fixed Income Option	<input type="checkbox"/>	\$		%
Cash Reserve Option	<input type="checkbox"/>	Cash Reserve Option	<input type="checkbox"/>	\$		%
U.S. Aggressive Equity Individual Fund Option	<input type="checkbox"/>	U.S. Aggressive Equity Individual Fund Option	<input type="checkbox"/>	\$		%
U.S. Core Equity Individual Fund Option	<input type="checkbox"/>	U.S. Core Equity Individual Fund Option	<input type="checkbox"/>	\$		%
U.S. Small Cap Equity Individual Fund Option	<input type="checkbox"/>	U.S. Small Cap Equity Individual Fund Option	<input type="checkbox"/>	\$		%
International Equity Individual Fund Option	<input type="checkbox"/>	International Equity Individual Fund Option	<input type="checkbox"/>	\$		%
Global Fixed Income Individual Fund Option	<input type="checkbox"/>	Global Fixed Income Individual Fund Option	<input type="checkbox"/>	\$		%

² Enrollment cannot be more than 12 years from the date of this form.

4. Account Owner Change

- A completed New Account Application signed by the new account owner must be submitted along with this form. The current account owner must sign Section 5 of this form and provide a Medallion Signature Guarantee in Section 6.
- A transfer of ownership is irrevocable and transfers all rights, title, interest and power over the account to the new account owner. The existing account owner should consult with a tax advisor concerning the potential income, gift and estate tax consequences of a transfer of ownership before signing and submitting this form.
- If the account owner change is due to the death of the current account owner, **do not complete this form.** Please speak with your financial professional regarding rules due to the death of the account owner.

Transfer the account to a new Account Owner:

NEW Account Owner Name (First, Middle Initial and Last)

NEW Account Owner Social Security Number or TIN¹

Signature of New Account Owner	Date
	

¹ Taxpayer Identification Number

5. Account Owner Signature

If I am changing the account owner, by signing this form as the current account owner, I acknowledge that the transfer is subject to the Program Manager's verification of the new account owner's identity and is irrevocable. I hereby transfer all rights, title, interest and power over the account to the new account owner. I confirm that I have consulted with a tax advisor concerning the potential income, gift and estate tax consequences of my transfer of ownership before signing and submitting this form.

If I am changing the beneficiary, I certify that the new beneficiary is a "member of the family" of the current beneficiary listed in Section 1. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a non-qualified withdrawal subject to federal income taxes and any applicable state income taxes as well as the 10% additional federal tax.

Beneficiary Change Note Regarding Federal Income Tax and Gift Tax: *A permissible beneficiary change will not be subject to federal income tax, except that such change will potentially be subject to gift tax and generation-skipping transfer tax if the new beneficiary is of a younger generation than the current beneficiary being replaced. Neither QS Legg Mason Global Asset Allocation, LLC nor Legg Mason Investor Services, LLC give tax and/or legal advice. You should consult your tax and/or legal advisor before requesting a change to a new beneficiary who is of a younger generation than the current beneficiary.*

I understand that investments in Scholars Choice are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of Colorado, CollegenInvest, QS Legg Mason Global Asset Allocation, LLC, Legg Mason Investor Services, LLC, or Legg Mason, Inc. or its affiliates, and are subject to investment risks, including loss of principal amount invested.

I hereby authorize the Program Manager or its service provider to act on my instructions as indicated on this form. If the account is a UTMA/UGMA account, I certify that I am the custodian of the UTMA/UGMA account. If the account is owned by a minor, entity or trust, I certify that I am authorized to act on its behalf.

Signature of Current Account Owner or Current Responsible Party ▶	Date ▶
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Signature of Financial Professional Authorized to Act on Behalf of Account Owner (if applicable) (Applies to investment option changes only. Client pre-authorization must be on file.) ▶	Date ▶
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Print Name of Financial Professional Authorized to Act on Behalf of Account Owner (if applicable) ▶	Date ▶
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6. Medallion Signature Guarantee (if applicable)

If you have used this form to make an Account Owner change, or if you have previously made an address change to your account within the past 30 days, you must complete this section. Forms requiring a Medallion Signature Guarantee cannot be submitted via fax.

A Medallion Signature Guarantee is a written endorsement from an eligible guarantor institution that the signature(s) on the request is (are) valid. The guarantee can be provided by any eligible financial institution, including: banks, broker/dealers, credit unions, and national securities exchanges and savings associations. No other form of signature verification will be accepted. Please note that a Notary Public stamp or seal is not acceptable.

I certify that the information I have provided in Section 4 regarding a change of Account Owner is true and that I am authorized to make such changes.

Signature of Current Account Owner or Current Responsible Party ▶	Date ▶
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Affix Medallion Signature Guarantee below:

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

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