



NextGen College Investing Plan[®]

Account Information Change Form



INSTRUCTIONS: Complete this form to change an address, telephone number, email address or name or to correct a birthdate or social security number. To list more than three accounts, please use additional forms. Please print clearly. The form must be signed by the Participant (account owner). **Submit your completed and signed change form to Merrill Edge P.O. Box 29002, Hot Springs, AR 71903 or fax to 866.557.2690.**

1. CURRENT NEXTGEN ACCOUNT INFORMATION

Information about the participant (Account Owner):

Name (Last, First, MI) or name of Custodian/Trust/Corp./Other

Email address

Social Security No. or Taxpayer Identification Number

Daytime Phone Number

Please identify the NextGen account number and check the appropriate box for each account affected by the change.

NextGen Account Number

- Participant ONLY
- Beneficiary ONLY
- Participant and Beneficiary

NextGen Account Number

- Participant ONLY
- Beneficiary ONLY
- Participant and Beneficiary

NextGen Account Number

- Participant ONLY
- Beneficiary ONLY
- Participant and Beneficiary

2. UPDATED STREET ADDRESS, PHONE NUMBER AND/OR EMAIL ADDRESS

Please print the new information exactly as you would like it to appear on your account.

Permanent street address (No P.O. Boxes)

Mailing address if different from street address

City State ZIP Code Country

City State ZIP Code Country

Daytime Phone Number

Evening Phone Number

Email Address

3. UPDATE NAME OR CORRECT DATE OF BIRTH AND/OR SOCIAL SECURITY NUMBER

Please print the name, date of birth and/or social security number exactly as you would like it to appear on your account. You must attach a copy of legal documentation as required.

Name correction (Last, First, MI) or name of Custodian/Trust/Corp./Other

(Attach a copy of one of the following: Social Security card indicating the new name; official marriage certificate; the first page, last page and pertinent provision of the divorce decree setting for the restoration of the former name; or signed court order approving the change.)

Social Security Number (attach copy of Social Security card)

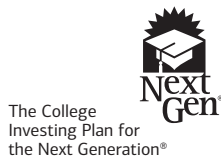
Date of Birth (attach copy of birth certificate)

4. AUTHORIZATION TO CHANGE ACCOUNT INFORMATION

I am submitting a request to change account information and certify that the information provided herein is true and correct.

Signature of Participant (required)

Date



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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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