

529 College Savings Plan

Change of Participant Form

Complete this form if you would like to transfer all of your assets from your 529 College Savings Plan Account ("Account"), listed below, to a new Participant. Along with this form, a new account Account Application must also be completed and signed by the new Participant. Upon the change of Participant on a 529 College Savings Plan Account, the new Participant assumes all rights of ownership described in the applicable plan's Program Description, including but not limited to the ability to change investments, change the Designated Beneficiary and direct withdrawals from the Account.

This form may be used only to change the Participant on the account. If the new Participant wishes to change the Designated Beneficiary, the new Participant must complete a Change of Designated Beneficiary form in addition to this form. To obtain a Change of Designated Beneficiary form, contact your Financial Advisor, or log in to your account on www.merrilledge.com.

1. Current Participant Information

Name (Last/First/M.I.) or Name of Custodianship/Trust/Corp.

Date of Birth (month/day/year)

Social Security Number

Street Address (no P.O. Box)

Account Number

City

State

ZIP Code

2. New Participant Information

Name (Last/First/M.I.) or Name of Custodianship/Trust/Corp.

New Participant Phone Number

Street Address (no P.O. Box)

Date of Birth (month/day/year)

City

State

ZIP Code

Social Security Number

Mailing Address (if different from street address)

City

State

ZIP Code

3. Current Participant Signature

I certify that the instructions and information provided herein are true and correct and comply with the applicable plan's Program Description and Participation Agreement. By signing below, I acknowledge that I understand the consequences of this transfer and agree that this transfer is irrevocable and transfers all rights, title, interest and power (including the power to use the 529 Plan Account assets for any purpose) over the Account and its assets to the new Participant designated herein.

X _____
Signature of Current Participant

Date

4. New Participant Signature

I hereby apply for a 529 College Savings Account and consent and agree to all the terms and conditions of the applicable plan's Participation Agreement, which is incorporated herein by reference. I acknowledge that I have read both the applicable plan's Program Description, the Participation Agreement and Bank of America Privacy Policy, and will retain a copy of each for my records. If I have a Merrill Lynch central asset account, I further acknowledge and agree that the Participation Agreement will govern all aspects of the Account, including all contributions to my Account. If I have a Merrill Lynch central asset account, I authorize regular statements for my Account to be mailed to the address of the Merrill Lynch central asset account to which the Account may be linked.

BY SIGNING BELOW, I ACKNOWLEDGE: (1) THAT I AM IN RECEIPT OF A COPY OF THE APPROPRIATE 529 COLLEGE SAVINGS PLAN PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT AND SUPPLEMENT(S) AND (2) THAT IN ACCORDANCE WITH THE PARTICIPATION AGREEMENT (ON THE LAST PAGE(S) OF THE PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT), I AM AGREEING IN ADVANCE TO ARBITRATE ANY CONTROVERSIES WHICH MAY ARISE WITH MERRILL LYNCH:

X _____
Signature of New Participant

Date

NOTE: CONTRIBUTIONS TO, OR WITHDRAWALS FROM, THIS PROGRAM MAY BE TREATED LESS FAVORABLY FOR STATE INCOME-TAX AND OTHER PURPOSES THAN CONTRIBUTIONS TO A SECTION 529 PROGRAM OFFERED BY THE STATE IN WHICH THE INVESTOR RESIDES OR PAYS TAXES.

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

For clients serviced by:

Merrill Lynch Financial Advisor

Return to: Address specified on your account statement,
or contact the Merrill Lynch office servicing your accounts.

Merrill Edge

Merrill Edge
New Accounts
MSC NJ2-140-02-15
P.O. Box 1501
Pennington, NJ 08534

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