Client Select Series
Change Broker of Record Form

Important information about this form:

- Use this form to change the broker of record on a NextGen 529 Account.
- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- **Complete a separate request for each NextGen 529 Participant/Account Owner.**
- A copy of the letter of authorization with the Account Owner's signature may be attached in lieu of obtaining the Account Owner's signature on this form.
- NextGen 529 Account activity may not network into the broker dealer's database system.

Need help?
Give us a call Monday – Friday from 8am-8pm ET at
1-833-336-4529
(1-833-33NG529)

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
NextGen 529
PO Box 534457
Pittsburgh, PA 15253- 4457

Overnight Mail:
NextGen 529
Attention: 534457
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:
844-751-0017

1 Name of Financial Advisor Initiating Request

Name of Financial Advisor (First and Last)

Company Name

Mailing Address 1

Mailing Address 2

City

State

ZIP Code ___ ___ ___ ___ ___ – ___ ___ ___ ___

Name of Broker Dealer

Rep Identification Number

Email

Branch Identification Number

___ ___ ___ – ___ ___ ___ – ___ ___ ___ ___
Telephone Number

___ ___ ___ – ___ ___ ___ – ___ ___ ___ ___
Fax Number

2 NextGen Account(s)

Please identify up to six NextGen 529 Account number(s) for the NextGen 529 Participant/Account Owner. To list more than six Accounts, please use additional forms.

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

__ __ __ __ __ __ __ __ __ __
Current NextGen 529 Account Number

__ __ __ __ __ __ __ __ __ __
New NextGen 529 Account Number

Name of Participant/Account Owner (First and Last)

Name of Designated Beneficiary (First and Last)

3 Sign the form

By signing this form, I authorize the change(s) and acknowledge the following:

- I have received, read and understand the **NextGen 529 Client Select Series Program Description and Participation Agreement**.
- I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- I have checked that the Participant/Account Owner information on file for the NextGen 529 Account is correct.
- By signing below, I am agreeing to the terms and conditions set forth below and in the **NextGen 529 Client Select Series Program Description and Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

______________________________ ______________
Signature of Participant/Account Owner* **Date** (MM/DD/YYYY)

______________________________ ______________
Signature of Financial Advisor **Date** (MM/DD/YYYY)

____
Printed Name of Financial Advisor

____
Title of Financial Advisor

*A copy of the letter of authorization with the Participant/Account Owner's signature may be attached in lieu of obtaining the Account Owner's signature on this form.

Vestwell State Savings, LLC ("Vestwell") is the program manager, The Bank of New York Mellon is the program custodian, BlackRock Advisors, LLC is the program investment manager, and BlackRock Investments, LLC, Member FINRA, is the Client Select Series program distributor and underwriter.

Investment products are not FDIC insured, are not bank guaranteed, and may lose value.

Vestwell
Program Manager

FAME
FINANCE AUTHORITY OF MAINE
Program Administrator