



# Client Select Series Interested Party Duplicate Statement Request Form

## Important information about this form:

- Use this form to authorize NextGen 529 to send duplicate Account statements to an interested party.
- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- This form will not allow the interested party to make changes to your Account on your behalf.
- Make sure you use black ink. Type or print clearly in capital letters.

## 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 NextGen 529 Account Information

\_\_\_\_\_  
Name of Participant/Account Owner (First and Last)

\_\_\_\_\_  
Account Owner's Last 4 Digits of Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
NextGen 529 Account Number

\_\_\_\_\_  
Name of Beneficiary (First and Last)

## 2 Interested Party information

\_\_\_\_\_  
Name of Interested Party (First and Last)

\_\_\_\_\_  
Street Address 1

\_\_\_\_\_  
Street Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

## 3 Sign the form

By signing below, I acknowledge and agree to the following:

- I authorize NextGen 529 to send duplicate Account statements to the interested party listed in **Step 2**.
- I understand that the statements provided to the interested party will contain the same information as the statements I receive.
- The interested party will not be able to transact on the Account.
- I am responsible for keeping the interested party's address and other information up to date.
- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by NextGen 529.

\_\_\_\_\_  
Signature of Participant/Account Owner

\_\_\_\_\_  
Date (MM/DD/YYYY)

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.**



**Program Manager**



FINANCE AUTHORITY OF MAINE

**Program Administrator**

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