Change Information Form

Important information about this form:

- Fill out this form to change information such as an Account Owner name (due to marriage, divorce or legal name change), or correct a date of birth or Social Security Number **(Step 3)**.
- A separate form should be submitted for each individual listed on the account who is changing their name.
- If the change of name is for the person who owns a bank account connected to the VT529 Account, you might need to update that bank account information as well.
- A notarization acknowledgement is required for the Account Owner's change of name in **Step 8**.
- A notarization acknowledgement is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner **(Step 8)**.
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together.

Need help?
Give us a call Monday – Friday from 9am - 8pm ET at **1-800-637-5860**

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

Mail the form to:
VT529
P.O. Box 534482
Pittsburgh, PA 15253-4482

Overnight Mail:
VT529
Attention: 534482
500 Ross Street, 154-0520
Pittsburgh, PA 15262

1 Current Account Information

_____

Name of Account Owner (First and last)

__ __ __ – __ __ __ – __ __ __ __

Account Owner's telephone number

7 7 __ __ __ __ __ __ __ __ __ __

Account number

2 Account updates or changes

Please identify up to three VT529 Account Number(s) and check the box(es) to indicate for whom you plan to update or change information. To list more than three accounts, please use additional forms. For UGMA/UTMA accounts, you cannot make any changes to the Designated Beneficiary.

__ __ __ __ __ __ __ __ __ __

Current VT529 Plan Account Number

◯ **Participant Only** ◯ **Designated Beneficiary Only** ◯ **Participant and Designated Beneficiary**

__ __ __ __ __ __ __ __ __ __

Current VT529 Plan Account Number

◯ **Participant Only** ◯ **Designated Beneficiary Only** ◯ **Participant and Designated Beneficiary**

__ __ __ __ __ __ __ __ __ __

Current VT529 Plan Account Number

◯ **Participant Only** ◯ **Designated Beneficiary Only** ◯ **Participant and Designated Beneficiary**

3 Updated name or corrected 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 the VT529 Account(s) you identified in **Step 2**. You must attach a copy of legal documentation for each changed item.

_____

Name Change (First and last) or Name of Participant/Account Owner or Designated Beneficiary

___ ___ ___ – ___ ___ – ___ ___ ___ ___

Corrected Social Security or Taxpayer Identification Number (Attach copy of Social Security card.)

___ ___ / ___ ___ / ___ ___ ___ ___

Corrected Date of Birth (mm/dd/yyyy) (Attach copy of birth certificate.)

Use a paper clip to attach a copy of one of the following to this form: Social Security card to correct SSN or the new name; birth certificate if correcting date of birth; 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.

4 Updated street address, phone number, and/or email address

Please print the information exactly as you would like it to appear on the VT529 Account(s) you identified in **Step 2**.

Permanent residential address

No PO Boxes are accepted for a residential address.

Street Address 1 _____

Street Address 2 _____

City _____

State _____ **ZIP Code** __ __ __ __ __ – __ __ __ __

Telephone Number __ __ __ – __ __ __ – __ __ __ __

Email Address _____

Mailing address

If different from permanent address.

Street Address 1 _____

Street Address 2 _____

City _____

State _____ **ZIP Code** __ __ __ __ __ – __ __ __ __

Is this mailing address a seasonal address?

◯ **Yes** Please enter the End Date upon which mailing address will revert back to previous mailing address.

__ __ / __ __ / __ __ __ __
End Date (mm/dd/yyyy)

5 Manage Successor Participant/Account Owner Information (non-custodial)

- Fill out this form to add, change or remove a Successor Participant/Account Owner from the VT529 Account.
- The role of the Successor Participant/Account Owner does not apply to UGMA/UTMA Accounts. To manage the role of Successor Custodian, please go to **Step 6**.
- A trust must already be established if you want to designate the trust as the Successor Participant/Account Owner.
- The Successor Participant/Account Owner is eligible to assume all rights, title, and interest if the Account Owner dies or becomes incapacitated.
- The Successor Participant/Account Owner must be at least 18 years old.
- A new account is required to be established for new ownership.
- Review the **VT529 Plan Disclosure Booklet** for details about Successor Participants.

Manage Successor Participant/Owner information

◯ Add a Successor Participant/Account Owner (Complete information below.)

◯ Change the Successor Participant/Account Owner (Complete information below.)

◯ Remove the Successor Participant/Account Owner (Skip to **Step 7.**)

NEW Successor Participant/Owner information

Fill out this step to add or change a Successor Participant/Account Owner for this account. The Successor Participant/Account Owner must be at least 18 years old.

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of Birth (mm/dd/yyyy)

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

6 Manage successor custodian information

- Fill out this step to add, change or remove a new Successor Custodian on the VT529 UGMA/UTMA account.
- The role of the Successor Participant/Account Owner does not apply to UGMA/UTMA custody accounts. See **Step 5** to manage Successor Participant/Account Owner information on non-custodial accounts.
- The Successor Custodian manages the account on behalf of the minor until they reach the age of majority, at which point the Custodian transfers control of the account to the Beneficiary, who then becomes the Account Owner.
- Review the **Plan Disclosure Booklet** for details about UGMA/UTMA custody accounts.

Manage Successor Custodian (Choose one and complete the information below.)

◯ Add a Successor Custodian

◯ Change the Successor Custodian

◯ Remove the Successor Custodian

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of Birth (mm/dd/yyyy)

__ __ __ __ __ __ __ __ __

Social Security or **Taxpayer Identification Number**

_ _

__ __ __ __ __ __ __ __ __ __

Phone Number

7 Sign the form

By signing this form, you're confirming the information you've provided is true for the change of name.

_____ _____

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

8 Notarization acknowledgement

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____ , 20 _____ .
Day (#) Month Year

_____
Signature of Account Owner/Authorized Representative of Entity

State of _____ , County of _____

This instrument was acknowledged before me

☐ physical presence ☐ online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

_____
Signature of Notary Public