

## Pennsylvania 529 Guaranteed Savings Plan

# Services for Your Account



**By completing this form, you can make the following changes to your account:**

- Change your name, address, or telephone number (address and telephone number may be changed online at [www.PA529.com](http://www.PA529.com)).
- Change the Account Owner.
- Add, change, or stop automatic contributions (automatic contributions may be modified online at [www.PA529.com](http://www.PA529.com)).
- Change the Beneficiary of your Account.
- Change the Tuition or Residency Levels for your Account (Tuition and Residency Levels may be changed online at [www.PA529.com](http://www.PA529.com)).
- Enroll in the SAGE Scholars Program (you may enroll in SAGE online at [www.PA529.com](http://www.PA529.com)).
- Add or change Successor Owner information.

Please complete the first section of the form, "Current Account Owner Information" and the section or sections that correspond to the changes that you would like to make to your Account.

Note that **Section 2** (if you would like to change your name) and **Section 3** require a Signature Guarantee.

For additional information, call toll free **1.800.440.4000**.

Send this completed form to:

**Pennsylvania 529 Guaranteed Savings Plan**  
**P.O. Box 55463**  
**Boston, MA 02205-8114**

For overnight delivery or registered mail, send the completed form to:

**Pennsylvania 529 Guaranteed Savings Plan**  
**95 Wells Avenue, Suite 155**  
**Newton, MA 02459**



Please complete the Account Owner information below and the sections that correspond with the service(s) you are requesting for your Account. Then proceed to Section 10, where your signature is required. If you would like to add services to more than one Pennsylvania 529 Guaranteed Savings Plan (GSP) Account, please complete a separate Services For Your Account Form for each Account. Review your GSP Disclosure Statement for information regarding the following service options. If you need assistance, call our Service Center at 1-800-440-4000.

**1. Current Account Owner Information**

GSP Account Number

Name of Account Owner (*first, middle initial, last*)

Last four (4) digits of the Social Security Number or Other Taxpayer ID Number (**required**)

Birth Date (*month, year*)

Best Daytime Contact Number

Additional Contact Number (Optional)

**2. New Information for Current Account Owner**

If you are changing your contact information, provide the new information exactly as how you would like it to appear on your GSP Account. Please note that if you are changing your name you will be required to provide a Signature Guarantee at the end of this section.

New Legal Name of Account Owner (*first, middle initial, last*)

Best Daytime Contact Number

Additional Contact Number (Optional)

Address

City

State

Zip

E-mail Address

**Signature Guarantee — IF APPLICABLE**

**For your protection, a Signature Guarantee is required if you are changing your name. A Signature Guarantee may be obtained from a bank or brokerage firm where you maintain an account. Please note that notarizations from a notary public are NOT acceptable.**

Former Signature of Account Owner

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

Date (*month, day, year*)

**Authorized Officer to Place Stamp Here**

### 3. Change of Account Owner

Please be aware that by completing and signing this section, both the current and new Account Owners agree to the transfer of ownership of the GSP Account referenced below and to the following:

- 1. If the Account's Beneficiary is not a resident of Pennsylvania, the new Account Owner is a Pennsylvania resident.
- 2. The new Account Owner is 18 years of age or older.
- 3. The transfer of ownership is not being effected because of payment or consideration of any kind.

GSP Account Number

Name of New Account Owner (first, middle initial, last)

Social Security Number or Taxpayer Identification Number

Birth Date or Trust Date (month, day, year)

Best Daytime Contact Number

Additional Contact Number (Optional)

Address

City

State

Zip

E-mail Address

PA Resident (select one):

Yes, County of Residence is

No

#### Signature Guarantee — IF APPLICABLE

**For your protection, a Signature Guarantee is required if you are changing account owner. A Signature Guarantee may be obtained from a bank or brokerage firm where you maintain an account. Please note that notarizations from a notary public are NOT acceptable.**

Signature of Current Account Owner

Signature of Guarantor

Title

Name of Institution

Date (month, day, year)

Signature of New Account Owner

**Authorized Officer to Place Stamp Here**

Date (month, day, year)









**9. SAGE Scholars (optional)**

You may opt to participate, at no cost, in the SAGE Scholars Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. The discount earned is 2.5% of the value of your GSP Account if used for higher education expenses. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$10,500 to \$53,505 (*spread evenly over four years of college*).

Your beneficiary is eligible to enroll in the SAGE Scholars Program until he or she is 16 years old.

By enrolling you will receive \$500 in SAGE Scholars Tuition Rewards discounts. Visit [www.tuitionrewards.com](http://www.tuitionrewards.com) to learn more.

Before you can use earned Tuition Rewards you must register at [www.tuitionrewards.com](http://www.tuitionrewards.com).

I wish to enroll in the SAGE Scholars Program

**10. Signature**

- A.** If I have designated a Successor Owner, by completing, signing and submitting this, I am agreeing that to the extent permitted by law, the named Successor Owner will become the Account Owner in the event of my death or incapacity, that the named Successor Owner meets all the requirements for being a Successor Owner as specified in the GSP Disclosure Statement. I certify that I have not received any payment or other value for naming the Successor Owner.
- B.** If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing Section 9 and submitting this form, I am authorizing and directing the GSP to provide SAGE Scholars, Inc. with my name, address and Social Security number, my Beneficiary's name, address and Social Security number, as well as my e-mail address and information on the amount of SAGE Scholars Tuition Rewards discounts to which I am entitled. SAGE Scholars, Inc. will use this information to administer the SAGE Scholars Tuition Rewards Program and may provide my information to SAGE Scholars member schools so that they may contact me or my Beneficiary.
- C.** If I have chosen the AIP or EBT option, I authorize the GSP and Ascensus College Savings Recordkeeping Services, LLC. to pay amounts representing redemptions made by me, or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in Section 5. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the GSP, Ascensus College Savings Recordkeeping Services, LLC. and its respective affiliates, will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the GSP, Ascensus College Savings Recordkeeping Services, LLC. and the bank, and that the termination request will be effective as soon as the GSP and Ascensus College Savings Recordkeeping Services, LLC. have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me.
- D.** I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my GSP Account. Account Owners should seek advice from a qualified tax advisor.
- E.** I understand that the guarantee of the GSP is an obligation only of the GSP Fund itself. I further understand that the contributions to my GSP Account are not insured and the payment obligations are not guaranteed by the Commonwealth of Pennsylvania, the Federal Deposit Insurance Corporation, or any other government or governmental agency.

I further represent that I am requesting the changes indicated here and that the information provided on this form is true and correct subject to penalties of 18 PA. C S. Section 4904, relating to unsworn falsification to authorities and acknowledge that any material misrepresentations may void the GSP Contract resulting in my being refunded only the amount that has been contributed (excluding fees) and forfeiting all growth.

 SIGNATURE

Signature of Account Owner

-   -

Date (month, day, year)



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