

Important information about this form:

- Fill out this form to change the name of the Account Owner/Custodian or Beneficiary for the DreamAhead College Investment Plan ("the Plan") account.
- A separate form should be submitted for each individual listed on the account who is changing their name.
- A notarization acknowledgement is required for the Account Owner's change of name in **Step 4**.
- If the change of name is for the person who owns a bank account connected to the DreamAhead account, you might need to update that bank account information as well by accessing your account online in Settings, or by completing a Manage Bank Account form.
- 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 4**).

Need help?

Give us a call Monday – Friday from 6am – 5pm PT at **1-844-529-5845**

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

Mail the form to:

DreamAhead College Investment Plan PO Box 534421 Pittsburgh, PA 15253- 4421

Overnight Mail:

DreamAhead College Investment Plan Attention: 534421 500 Ross Street, 154-0520 Pittsburgh, PA 15262

Fax: 833-286-8313



| | ne of Account Owner (First and last) |
|------------|------------------------------------------------------------------------------------------------------------------|
| Acc | |
| Acc | ount number (May be 12 or 13 digits) |
| Nai | ne change |
| Who | b is this change of name for? (Select one) |
| \bigcirc | Account Owner/Custodian |
| - | (A notarization acknowledgement is required to change the Account Owner's name in Step 4 |
| \bigcirc | (A notarization acknowledgement is required to change the Account Owner's name in Step 4) Beneficiary |
| Old | |
| | Beneficiary |

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)





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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 Day (#) Month | , 20 Year |
|----------------------------------------------------------------|----------------------|
| Signature of Account Owner/Authorized Representative of Entity | y |
| State of, County of | |
| This instrument was acknowledged before me | |
| physical presence online notarization | Notary Public (Seal) |
| on Date (mm/dd/yyyy) | |
| by Name of person (First and last) | |
| My term expires: Date (mm/dd/yyyy) | |

Signature of Notary Public