

## 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.
- Change the Account Owner.
- Add, change, or stop automatic contributions.
- Change the Beneficiary of your account.
- Change the Tuition or Residency Levels for your account.
- Enroll in the SAGE Scholars Program.
- Add or change Successor Owner information.
- Add, change, or remove Interested Parties.

Please complete the first section of the form, "Current Account 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** (*Monday through Friday, 8 a.m. to 6 p.m., ET*).

Send this completed form to:

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

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

**Pennsylvania 529 Guaranteed Savings Plan  
Processing Center  
95 Wells Avenue, Suite 160  
Newton, MA 02459**





### 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.

Pennsylvania Guaranteed Savings Plan Account Number

Title

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

Suffix

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

Address

City

State

Zip

E-mail Address

PA Resident (select one):

Yes, County of Residence is

No

#### Signature Guarantee

Signature Guarantee

Signature of Guarantor

Title

Name of Institution

Date (month, day, year)

Authorized Officer to Place Stamp Here

For the protection and security of this account, a Signature Guarantee of the current Account Owner is required. A Signature Guarantee may be obtained from a bank or brokerage firm where the current GSP Account Owner maintains an account. Please note that notarizations from a notary public are NOT acceptable.

Signature of New Account Owner

Date (month, day, year)

#### 4 Automatic Bank Contributions\*

Please start, change, or stop my transfer of money from my bank account, which is listed in Section 5, to the account indicated in Section 1. Your total contribution, regardless of the number of automatic contributions made per month, must be \$25 or more per month. Please allow a minimum of 30 days before the requested change is made.

(Select one.)

- Add
- Change
- Stop

\$   ,     .

Amount of Transfer

Frequency of transfer (if you do not specify a frequency we will assume monthly automatic contributions):

- WEEKLY—every Friday (minimum of \$5.77)
- MONTHLY—1st of each month (minimum of \$25.00)
- BI-WEEKLY—every other Friday (minimum of \$11.54)
- SEMI-MONTHLY—1st and 15th of each month (minimum of \$12.50)

**Note:** While we cannot guarantee that your bank will accept this request, we will submit it. You may want to investigate if your bank charges an additional fee for this service. **\*Please complete your bank information in Section 5.**

#### Signature Guarantee — IF APPLICABLE

SIGNATURE

Signature Guarantee

Signature of Guarantor

Title

Name of Institution

-   -

Date (month, day, year)

Authorized Officer to Place Stamp Here

For your protection and the protection of the bank Account Owner, a Signature Guarantee of the bank Account Owner is required if the name on your GSP Account is different than the name on the bank account from which deposits are being withdrawn. A Signature Guarantee can be obtained from the bank where the account is maintained. Please note that notarizations by a notary public are NOT acceptable.

## 5 Bank Account Information

**Please attach a preprinted, voided check or deposit slip to this application.**

Our electronic transfers are provided through the Automated Clearing House (ACH) system. This normally takes two to four business days. We suggest that you confirm your bank's ability to accept these transactions and inquire about any bank fees.

Bank Account Registration (*the name of the bank Account Owner, exactly as it appears on your bank account*)

Bank Name

Account Type: (*Check one*)  Checking  Savings

Bank Routing Number

Bank Account Number

**Note:** The routing number is located in the bottom left corner of your checks. You can also ask your bank for the routing number.

## 6 New Designated Beneficiary Information

*(All information on the proposed new Beneficiary must be included before the change can take effect.)*

Name of Beneficiary (*first, middle initial, last*)

Social Security Number or Taxpayer Identification Number

Birth Date (*month, day, year*)

Address

City

State

Zip

Telephone Number

PA Resident (*select one*):

Yes, County of Residence is

No

Relationship to Current Beneficiary:



Projected Date of College Enrollment (*month, day, year*)

You can change the Beneficiary of your account to a new Beneficiary if the new Beneficiary is a "member of the family" of the prior Beneficiary. Under current law, a "member of the family" of a Beneficiary is a person related to the Beneficiary as follows: (i) a son or daughter, or a descendant of either; (ii) a stepson or stepdaughter; (iii) a brother, sister, stepbrother or stepsister; (iv) the father or mother, or an ancestor of either; (v) a stepfather or stepmother; (vi) a son or daughter of a brother or sister; (vii) a brother or sister of the father or mother; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; (ix) the spouse of the Beneficiary or of any of the other foregoing individuals; or (x) a first cousin. For this purpose, a child includes a legally adopted child and a brother or sister includes a brother or sister by half-blood.

You may not change the Beneficiary if such change would cause the aggregate Account balances of all GSP accounts for the new Beneficiary to exceed the Maximum Contribution Limit for the new Beneficiary (see the Disclosure Statement under the section "OPENING AND MAINTAINING YOUR GSP ACCOUNT— Maximum Contribution Limit"). A change in Beneficiary might be treated as a gift from the previous Beneficiary to the new Beneficiary in certain circumstances, and therefore may have gift tax implications.

You should also consult the GSP Disclosure Statement and/or your tax advisor for potential consequences associated with this transaction.



### 9 Interested Party Access

You may grant other individuals access to information about your GSP account. To do so, please complete the following information. **Those designated will only have access to account information; they will not be able to direct any action regarding your account.** Those designated will be asked to provide the 4-digit PIN number you list below to be granted access to the information. **Note: A spouse or Successor Owner will not be given any information about your account unless they are listed here.**

Select One:  Add  Change  Delete

Name (first, middle initial, last)

Relationship to Account Owner

PIN

Name (first, middle initial, last)

Relationship to Account Owner

PIN

Name (first, middle initial, last)

Relationship to Account Owner

PIN

### 10 Sage Scholars (optional)

If you or your beneficiary is a Pennsylvania resident, you may opt to participate, at no cost, in the SAGE Scholars College Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. The discount earned is 1.25% of the Direct Plan account value at the end of each calendar quarter, which accumulates until the beneficiary's 17th birthday. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$10,800 and \$33,150 (spread evenly over four years of college).

By enrolling you will receive \$250 in SAGE Scholars Tuition Rewards discounts. Visit [www.sagescholars.com](http://www.sagescholars.com) to learn more.


I wish to enroll in the SAGE Scholars Program

## 11 Signature

By signing this document, I represent that I have read and understood my GSP Disclosure Statement and the GSP Contract included in such GSP Disclosure Statement, agree that my GSP Account is subject to the terms and conditions set forth in the GSP Contract and GSP Disclosure Statement, and agree to be bound by the terms and conditions set forth in the GSP, as may be appended.

- 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 designated individuals who may have access to information in my account, by signing and submitting this enrollment form, I am agreeing that the GSP may release any and all information about my GSP Account to the designated individuals. Those individuals will not be permitted to make changes to the account or submit withdrawal or payment requests.
- C. If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing Section 10 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.
- D. If I have chosen the automatic bank account contribution or electronic funds transfer option, I authorize the the GSP to secure payment of amounts invested by me by initiating debit entries to my account at the bank named in Section 5. I acknowledge that the origination of ACH transactions must comply with U.S. law. I further agree that the GSP will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time by notifying the GSP and that the termination request will be effective as soon as the GSP has had a reasonable amount time to act upon it.
- E. 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.
- F. 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 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)