Mississippi Affordable College Savings
MACS Program
Account Services Form

Questions? Call toll-free 1-800-486-3670
P.O. Box 55037, Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- Complete this form to update Account Owner or Beneficiary's information, update an account address, or to add/change a Contingent Account Owner or Interested Party on your account.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Sections 2 and 5, or if you intend to withdraw funds within 30 days of an address change**.** *Please see the* **Important Information** *on the next page for additional instructions*.
- Print in capital letters with blue or black ink.
- Mail this form and your contribution check(s) to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-0537.
- Forms may be downloaded at www.MS529.com or you may call MACS toll-free at 1-800-486-3670 to order forms, perform certain account transactions, or for assistance completing a form.

1 Account Information *(You must provide complete information.)*

Investment Option and MACS Account Number (Provide any one from your statement.)

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply to you.)*

Please provide the new information exactly as you want it to appear on your account.

> **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 4.
> **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

Account Owner's Date of Birth (mm-dd-yyyy)

Beneficiary's Date of Birth (mm-dd-yyyy)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

Account Owner's Social Security Number or Tax ID Number

Beneficiary's Social Security Number or Tax ID Number

> **Address or Telephone Number: Documentation is not required.** (You may also make these changes by telephone.)

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

Contact Number

E-mail Address

[1] Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien at least 18 years of age at the time of account transfer. The Contingent Account Owner must have a valid Social Security or Taxpayer Identification Number.

Note: A Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

Please check the appropriate box:

☐ **Add** a new Contingent Account Owner Designation

☐ **Change** an Existing Contingent Account Owner Designation

☐ **Remove** an Existing Contingent Account Owner Designation

Name of Contingent Account (First, MI, Last, Suffix)

- -

Social Security Number or Individual Taxpayer Identification Number

- -

Date of Birth (mm-dd-yyyy)

4 Add, Change or Remove Interested Party

Complete this section to add, change or remove a person designated to receive duplicate copies of quarterly statements for your account.
Please check the appropriate box:

☐ **Add**

☐ **Replace**

☐ **Remove**

Name of Person to Receive Duplicate Statements

Company Name (if applicable)

Mailing Address

City, State, Zip

5 Signature and Authorization *(This section must be signed for these changes to take effect.)*

I certify that the information provided in this form is true, complete, and accurate in all respects. A Signature Validation Program Stamp[1] appears below if (i) I am requesting a legal name change or (ii) I am an individual acting in a legal capacity as a representative of the Account Owner or (iii) I am an Entity Account Owner or (iv) I am changing the account address and intend to withdraw funds within the next 30 days.

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

Important Information

A Signature Validation Program Stamp is required for all entity Accounts, or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: **A Signature Validation Program Stamp is not required if a *MACS Power of Attorney Form* is on file or accompanies this form. This applies to Individual Accounts only.**

AFFIX SVP STAMP HERE

Mail this form to:

Mississippi Affordable College Savings
P.O. Box 55037
Boston, MA 02205-5037

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