

CollegeChoice CD 529 Savings Plan  
**Successor Account Owner Designation Form**

**CollegeChoice CD**  
 529 SAVINGS PLAN

Complete this form to designate or change the Successor Account Owner on your CollegeChoice CD 529 Savings Plan (CollegeChoice CD) Account. If the original Account Owner dies, the Successor Account Owner named on this form will become the Account Owner. If no Successor Account Owner has been designated, the Beneficiary will become the Account Owner. The Beneficiary's custodian will act as Account Owner on behalf of the beneficiary if the beneficiary is a minor. An Account may only have one Successor Account Owner. A Successor Account Owner must be a U.S. taxpayer. You may revoke or change the Successor Account Owner designation at any time. Please see the CollegeChoice CD Disclosure Statement (Disclosure Statement). The designation of a Successor Account Owner may limit the maximum FDIC insurance coverage on this Account.

Forms can be downloaded from our website at [www.collegechoicecd.com](http://www.collegechoicecd.com), or you can call us to order any form—or request assistance in completing this form—at **1-888-913-2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

**Please Complete, Sign and Mail or Fax all pages.**

- **Mail: College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax: 214-481-1289, ATTN: Operations**

## 1. Account Information

Account Number		
Account Owner or Custodian First Name	MI	Last Name
Social Security Number	Telephone Number	
Beneficiary's First Name	MI	Last Name
Social Security Number	Telephone Number	

## 2. Successor Account Owner

Please check one:  Designate Successor Account Owner  
 Change existing Successor Account Owner

Successor Account Owner First Name	MI	Last Name
Street Address		
City	State	Zip Code
Social Security Number	Date of Birth	Telephone Number

continue to next page ►

### 3. Signature

I authorize CollegeChoice CD, to make the Successor Account Owner designation or change specified in this form. I have received, read, understand, consent and agree to the Disclosure Statement. I certify that the information I have provided with respect to my Account is true, complete and accurate. I agree that the Plan Officials (as defined in the Disclosure Statement) will not incur any loss, liability, damage or expense for relying upon any instructions by me believed to be genuine.

Account Owner Signature	Date

**Note:** A Signature Guarantee from your bank or credit union is required for all Successor Account Owner designations and/or changes if this form is not sent in with the Enrollment Form at the time the account is established. Faxes will not be accepted.

Signature Guarantee
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