

EdVestSM Change of Beneficiary



Complete this form to change the Designated Beneficiary on your EdVest account. A change of beneficiary is not allowed on a UTMA/UGMA account. If you have questions or would like help completing this form, call us toll-free at 1-888-338-3789. Information is also available online at www.EdVest.com.

1 CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

A Social Security/
taxpayer ID number
is required for any
change to be processed.

Account Owner

Name of Account Owner (first, middle initial, last) or entity	Social Security/taxpayer ID number	Fund and account number	
U.S. residential street address	City	State	Zip code
U.S. mailing address (if different than U.S. residential street address)	City	State	Zip code
E-mail address	Daytime phone	Evening phone	

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the Account Owner or entity. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address being changed.**

Current Designated Beneficiary

Name of Designated Beneficiary (first, middle initial, last)	Social Security number
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2 NEW BENEFICIARY INFORMATION

All information is
required to process
your change of
beneficiary request.

The new beneficiary must be a "member of the family" of the current Designated Beneficiary, as defined by Section 529 of the Internal Revenue Code. If the new Designated Beneficiary is NOT a "member of the family," you must instead complete an EdVest Distribution Request form and an EdVest Account Application, because the transaction will be considered a nonqualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Name of Designated Beneficiary (first, middle initial, last)	Social Security number	<input type="checkbox"/> Male or <input type="checkbox"/> Female
Street address	City	State Zip code
Relationship to Account Owner	Date of birth (mm/dd/yyyy)	

Citizenship: U.S. citizen Resident alien (Nonresident aliens are not eligible to participate in the Program.)

3 NEW INVESTMENT SELECTION

Wells Fargo will automatically establish a new account in the Portfolio appropriate for the new Designated Beneficiary. If you choose more than one Portfolio, you will have a separate fund and account number combination for each Portfolio you select. See section 5 of this form for further details regarding account options.

Indicate below if you would like to change your current investment option.

Note: If no amount is indicated or the balance in the current account is less than the amount requested, the entire balance will be transferred to the new beneficiary.

Existing account for the new beneficiary _____ \$ _____
Fund and account number

If no option is chosen,
the investment
option for the new
beneficiary will be the
same as that for the
current beneficiary.

Fixed Allocation Options

<input type="checkbox"/> Vanguard Stock Index Portfolio	\$ _____	<input type="checkbox"/> Wells Fargo Conservative Portfolio	\$ _____
<input type="checkbox"/> Legg Mason Aggressive Portfolio	\$ _____	<input type="checkbox"/> Wells Fargo Bond Portfolio	\$ _____
<input type="checkbox"/> Wells Fargo Aggressive Portfolio	\$ _____	<input type="checkbox"/> Baird Bond Portfolio	\$ _____
<input type="checkbox"/> Wells Fargo Moderate Portfolio	\$ _____	<input type="checkbox"/> Wells Fargo Money Market Portfolio	\$ _____
<input type="checkbox"/> Vanguard Balanced Portfolio	\$ _____	<input type="checkbox"/> Bank CD Portfolio*	\$ _____
<input type="checkbox"/> Wells Fargo Balanced Portfolio	\$ _____	<input type="checkbox"/> Credit Union CD Portfolio*	\$ _____

*The CD Portfolios are only available in Investor Class (no-load) shares.

Enrollment-Based Options

<input type="checkbox"/> Aggressive Growth Track	\$ _____
<input type="checkbox"/> Moderate Growth Track	\$ _____
<input type="checkbox"/> Conservative Growth Track	\$ _____

4 ANTICIPATED YEAR OF ENROLLMENT

Provide the anticipated year the Designated Beneficiary will begin college: **20**_____.

Note: If no year is entered, we will add 18 years to the Designated Beneficiary's date of birth if the birth month is January through August and 19 years if the birth month is September through December.

5 IMPORTANT INFORMATION ABOUT ACCOUNT OPTIONS

New Account Established

By changing the Designated Beneficiary or by selecting a new investment option, you are electing to open a new account, which will have a new account number. Your current account will be closed to new investments unless you are transferring only a portion of the balance.

Future Automatic Investment Plan (AIP) Contributions (\$15 minimum)

Moving entire current account balance.

If you are opening only one new account and have an active AIP, it will be suspended on your current account and automatically established on your new account. Any AIP in process will be purchased into the new account. If you are opening multiple accounts, a new AIP will not be established on the new accounts unless instructed below. Complete an *EdVest* Account Change Request form if you wish to update your bank information or establish a new AIP. If you are converting from the Tuition Unit Option, you will need to complete an *EdVest* Account Application and enclose a voided check to establish an AIP.

Start an AIP of \$_____ on all new accounts. Only existing active banking information will be used.

Moving only a portion of the current account balance.

Any active AIP will remain on the current account and a new AIP will not be established on the new account unless instructed below. Complete an *EdVest* Account Change Request form if you wish to update your bank information or establish a new AIP.

Move the AIP to the new account(s) and stop the AIP on my current account.

Change the dollar amount on the current account to \$_____ and start an AIP for \$_____ on the new account. Only existing active banking information will be used.

Express PurchaseSM

If you have *Express Purchase* as a contribution method on your current account, it will be established on your new account unless you indicate otherwise. To make changes to your existing *Express Purchase*, or if you wish to establish this option on an account that does not currently have this option, complete an *EdVest* Account Change Request form.

Redemption Option

If you have the Redemption Option on your current account, it will be established on your new account(s) unless you indicate otherwise. To make changes to your existing Redemption Option or if you wish to establish this option on your account(s), complete an *EdVest* Account Change Request form.

Future Payroll Direct Deposits

If you are a participant in your employer's payroll direct deposit program, you must *inform your employer of your new account number(s)*. Any contributions received via payroll direct deposit into your current account will be returned if moving the entire balance.

You may be able to contribute to your account via payroll direct deposit. We will send information that you can forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

6 SIGNATURE(S)

I certify that the new beneficiary is a "member of the family" of the current Designated Beneficiary and that the instructions and information provided herein are true and correct and comply with the terms set forth in the Program Description and Participation Agreement.

I understand that any individuals authorized to act on my original account will be assigned and have authority in the same capacity on my new account.

To initiate any change, you must sign and date here.

X _____
Signature of Account Owner, Trustee, Partner, Officer, or authorized Financial Advisor Print name (and title, if applicable) Date

X _____
Signature of Co-Trustee, Partner, or Officer Print name (and title, if applicable) Date

Before you mail, have you: Completed section 1? Completed section 5 (if applicable)?
 Completed new beneficiary information in section 2? Signed this form in section 6?
 Selected an investment option in section 3?

EdVest is a state-sponsored 529 college savings plan administered by the Wisconsin Office of the State Treasurer. Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment management and administrative services to the *EdVest* plan. Shares in the program are distributed by **Wells Fargo Funds Distributor, LLC**, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 112124 10-08

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE