

EdVestSM Designation of Successor Custodian

Complete this form to designate a successor custodian for an EdVest Uniform Gifts/Transfer to Minors Act (UGMA/UTMA) account. If you have questions, call us toll-free at 1-888-338-3789. Information is also available online at www.EdVest.com.



1 DESIGNATION OF SUCCESSOR CUSTODIAN (PLEASE PRINT)

Applicable laws determine who is eligible to become a successor custodian.

Name of current custodian (first, middle initial, last) _____ Daytime phone _____ Evening phone _____
Name of minor (first, middle initial, last) _____ Minor's Social Security number _____ Minor's date of birth (mm/dd/yyyy) _____
Fund and account number _____

Name of designated successor custodian (first, middle initial, last) _____

In the event of my incapacity or death, I hereby designate the individual named above to act as successor custodian for the minor on the Fund and account number referenced on this form.

A notarized signature is required to complete this request.

X _____
Signature of current custodian _____ Print name _____ Date _____

Notary Public (witness to the signature of the current custodian named above)

State of _____ County of _____

Signed and sworn before me on this _____ day of _____, 20 _____.

X _____
Signature of notary public _____
My commission expires: _____

Notary seal/stamp

2 ACCEPTANCE BY SUCCESSOR CUSTODIAN

I hereby accept custodianship for the above-named minor's account should the current custodian become incapacitated or deceased before the minor reaches the age that custodianship ends or the age of majority in his/her state. To verify this, I have had my signature notarized below.

A notarized signature is required to complete this request.

X _____
Signature of successor custodian _____ Social Security number _____ Date of birth (mm/dd/yyyy) (must be 18 or older) _____

Street address _____ City _____ State _____ Zip code _____

Daytime phone _____ Evening phone _____

Notary Public (witness to the signature of the successor custodian named above)

State of _____ County of _____

Signed and sworn before me on this _____ day of _____, 20 _____.

X _____
Signature of notary public _____
My commission expires: _____

Notary seal/stamp

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. 115144 03-09

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