

EdVestSM Investment Change



Complete this form to request an investment change for your EdVest account. Investment changes for the same beneficiary are permitted once per calendar year without a change in designated beneficiary. *Note: For the 2009 calendar year, an account owner may change investment direction twice without a change in designated beneficiary.* 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 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

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

Name of account owner, custodian (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	
Name of designated beneficiary (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)	

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the account owner, custodian, 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 change.**

2 NEW INVESTMENT SELECTION

By selecting an investment option below, you are requesting to change the existing investment election for the account(s) listed in section 1 of this form, and a new Fund and account number may be assigned. This is considered an investment change for all accounts with the same owner and beneficiary as described in the Program Description and Participation Agreement. If you choose more than one Portfolio, you will have a separate Fund and account number combination for each Portfolio you select. Refer to the Program Description and Participation Agreement for details on each EdVest investment option. **If you are moving out of the Tuition Unit Option, you must also submit a completed EdVest Account Application.**

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 account.

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

Anticipated year of college enrollment: **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.

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

3 ANTICIPATED YEAR OF ENROLLMENT (COMPLETE TO CHANGE)

If a new anticipated year of enrollment is provided, the account(s) listed in section 1 of this form will be updated.

Account owners who are invested in an enrollment-based option should note that this is considered an investment change for all accounts with the same owner and beneficiary as described in the Program Description and Participation Agreement. The Portfolio the account is invested in may also change, and a new Fund and account number may be assigned. A change to the anticipated year of enrollment for a Fixed Allocation account does not count as an investment change.

Provide the anticipated year the designated beneficiary will begin college: **20** _____

4 IMPORTANT INFORMATION ABOUT ACCOUNT OPTIONS

New Account Established

By completing this investment change form you are electing to open a new account. 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 all new accounts. Only existing active banking information will be used.

Express Purchase

If you have the Express Purchase option 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 option, 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

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)*. Contributions received via payroll direct deposit into your current account may be returned if the entire balance is transferred to the new account.

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.

5 ACCOUNT AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided on this form—and all future information I will provide with respect to my *EdVest* account—is true, complete, and correct. By submitting this investment change request, I have not exceeded my investment change limit this calendar year without changing the designated beneficiary on the account. I have received and agree to the terms set forth in the Program Description and Participation Agreement and on this form.

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.

Signature of account owner, custodian, trustee, partner, officer, or authorized financial advisor Print name (and title, if applicable) Date

Signature of co-trustee, partner, or officer Print name (and title, if applicable) Date

Before you mail, have you: Completed section 1? Completed sections 3 and 4 (if applicable)?
 Selected an investment option in section 2? Signed this form in section 5?

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. 117796 09-09

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