

tomorrow's scholar® Account Change Request

Complete this form to establish or change information on your *tomorrow's scholar* account. You must complete sections 1 and 8 of this form and any other section(s) as applicable. If you have questions or would like help completing this form, call us toll-free at **1-866-677-6933**. Information is also available online at www.tomorrowsscholar.com.

1 ACCOUNT INFORMATION AND MAILING ADDRESS (PLEASE PRINT)

Name of account owner, custodian (first, middle initial, last), or entity		Social Security/taxpayer ID number	
If trust, name of trustee(s) (first, middle initial, last)		Date of trust (mm/dd/yyyy)	
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	
Fund and account number	Fund and account number	Fund and account number	

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. The beneficiary address, if provided in section 2 of this form, will be updated on accounts for which the same account owner, custodian, or entity is authorized. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 BENEFICIARY ADDRESS CHANGE

If the beneficiary has a new address, please provide it below.

U.S. residential street address	City	State	ZIP code
---------------------------------	------	-------	----------

3 SUCCESSOR ACCOUNT OWNER INFORMATION (CHANGE OR ESTABLISH)

An account owner may designate a successor account owner to assume control of the account upon the account owner's death. Note that the successor account owner must be eligible to be an account owner. If you choose to designate a successor account owner for a *tomorrow's scholar* Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) account, we require a completed Designation of Successor Account Owner (as Custodian) for UGMA/UTMA Account form.

I understand that if I am changing the successor account owner, I certify that it is my intent to revoke the current successor account owner and name a new successor account owner or designate a successor account owner for the first time. I also understand that a change in circumstances, such as a divorce, may automatically revoke this designation. Instructions provided on this form override any successor account owner instructions included in a will or codicil. I further agree to notify my successor account owner of his/her status.

If successor account owner information is provided, all accounts listed in section 1 of this form will be updated.

- Designate a new successor account owner using the information provided below. This designation overrides any previous designations. I certify that the successor account owner is a U.S. citizen/resident alien. (Nonresident aliens are not eligible to participate in the program.)

Name of successor account owner (first, middle initial, last) or entity	Social Security/taxpayer ID number	Date of birth (mm/dd/yyyy) (must be 18 or older)	
U.S. residential street address	City	State	ZIP code

- Revoke the current successor account owner **without** designating a new successor account owner.

4 BANK INFORMATION (CHANGE OR ESTABLISH)

You will need to attach a preprinted, voided check or deposit slip to establish or change the bank information used for an Automatic Investment Plan (AIP), Express Purchase, or the Redemption Option via electronic funds transfer (EFT) or wire. See section 7 of this form for additional details on bank registration requirements.

Account type:

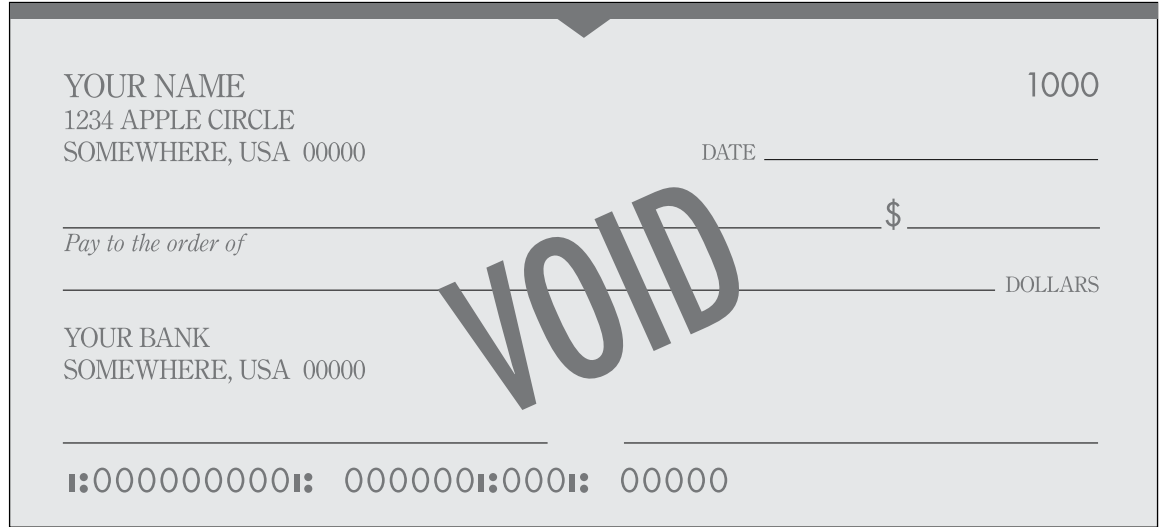
- Checking
- Savings

Savings account registration: _____

Savings ABA/routing #: _____

Note: If no box is checked, your account will be updated as checking.

Please attach your preprinted, voided check, if applicable. Do not staple.



Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

5 AUTOMATIC INVESTMENT PLAN (COMPLETE TO CHANGE OR ESTABLISH)

Complete the appropriate section below if you would like to modify or establish an AIP. An AIP allows you to make scheduled automatic purchases from your bank account into your *tomorrow's scholar* account. Include a preprinted, voided check or deposit slip in section 4, if applicable.

There is a \$25 minimum per investment, per account.

TO MAKE CHANGES:

Complete this section to change, restart, or update an existing AIP. If you are restarting an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.

- Restart/continue AIP using **new** attached bank information.
- Restart/continue AIP using **existing** bank information on file.
- Change AIP dollar amount \$_____ and/or date(s) of withdrawal _____

Fund and account number

Fund and account number

Fund and account number

TO ESTABLISH:

Complete this section to establish an AIP.

- Establish an AIP using **new** attached bank information.
- Establish an AIP using **existing** bank information on file.
- AIP dollar amount per investment \$_____ and date(s) of withdrawal _____

Fund and account number

Fund and account number

Fund and account number

If no amount is chosen for a new AIP, your bank account will be debited \$25 on the date(s) you have chosen. If no date is chosen for a new AIP, your account will be debited on the 25th day of the month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP purchase will cycle on the previous business day.

Continued on next page. ►

6 ACCOUNT OPTIONS (CHANGE OR ESTABLISH)

The following options will be updated on all accounts listed in section 1 of this form. Include a preprinted, voided check or deposit slip in section 4, if applicable.

If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided, unless you check the box below:

Change the banking information for the following option(s), keeping any previous bank information on file as secondary information.

If you do not want a certain option on your account, check the box to indicate that you do not want that specific option.

Investment Change—This option allows you to sell shares via the Internet or by phone from one Portfolio and use the proceeds to buy shares in an identically registered *tomorrow's scholar* account in another Portfolio. The number of investment changes that can be requested each calendar year without a change in the designated beneficiary is limited per 529 plan regulations. Refer to the Program Description and Participation Agreement for details. **This option will be added to your account unless you check the following box:** I do **not** want the Investment Change option.

Redemption*—This option allows you to sell shares by phone to have the money sent to the account owner's address of record or to your bank account (via EFT or wire) if a preprinted, voided check is provided. You may also sell shares via the Internet to have a check payable to the account owner sent to the address of record. **This option will be added to your account unless you check the following box:** I do **not** want the Redemption option.

**If the tomorrow's scholar account is a UGMA/UTMA account, I certify that any funds redeemed will be used for the benefit of the minor.*

Express Purchase—This option gives you the ability to purchase shares via the Internet or by phone with payment from your designated bank account by EFT. Unless a preprinted, voided check is enclosed, Express Purchase cannot be established with this form.

If a voided check is included, this option will be added to your account unless you check the following box: I do **not** want the Express Purchase option.

7 BANK INFORMATION

To establish account options by EFT, your bank account registration **MUST** have one name in common with the *tomorrow's scholar* account owner/custodian. If the college savings plan account is registered as a trust or other entity, your bank account registration **MUST** match the registration information in section 1 of this form. The applicable Portfolio, Wells Fargo Funds Management, LLC, any of their affiliates or subcontractors, and the officers, directors, employees, and agents of these entities (collectively "Wells Fargo") will not be responsible for banking system delays beyond their control. I authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company on behalf of the applicable college savings plan.

Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the applicable College Savings Plan Program Description and Participation Agreement or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

8 AGREEMENT AND SIGNATURE(S)

I certify that the information I have provided with respect to my *tomorrow's scholar* account is true, complete, and correct. I have received, read, and agree to the terms set forth in the Program Description and Participation Agreement.

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

X _____
Signature of owner, custodian, trustee, partner, officer, or authorized financial advisor Print name Date

X _____
Signature of co-trustee, partner, or officer Print name Date

tomorrow's scholar 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 *tomorrow's scholar* plan. Shares in the program are distributed by Wells Fargo Funds Distributor, LLC, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 117795 09-09

NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE