

## Change of Registration Form

Use this form to make changes to the Account Owner, Successor Owner, or Beneficiary on your existing BlackRock CollegeAdvantage® 529 Plan accounts. All information provided on each person listed on the account will be verified as required by the USA PATRIOT Act.

- ▶ Just changing your name? Use our **529 Change of Name Form** instead.
- ▶ For other changes, such as updating the address of record, Bank Information or Automatic Investment Plan, please use the **529 Account Maintenance Form**.
- ▶ If your request requires a Medallion Signature Guarantee or notary, we may not be able to accept a fax copy.

Send your completed and signed form, along with any other required documents, to:

▶ <b>Regular mail:</b> BlackRock 529 P.O. Box 9783 Providence, RI 02940	▶ <b>Overnight mail:</b> BlackRock 529 4400 Computer Dr Westborough, MA 01581
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**Fax:** 508-599-6054



Questions? Call us at **866-529-8582**, Monday through Friday between 8:00AM and 6:00PM ET or visit us online at [blackrock.com/collegeadvantage](http://blackrock.com/collegeadvantage).

### Section 1: Current Account Information

Please tell us about the account(s) that you wish to make the change(s) on:

\_\_\_\_\_

Full name of Account owner / Scholarship / Trust

\_\_\_\_\_

Contact Telephone Number

\_\_\_\_\_

Full name of Beneficiary

\_\_\_\_\_

Contact Telephone Number

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

BlackRock Account Number(s)

\_\_\_\_\_

Reference Number (if applicable)

### Section 2: Transfer Amount & Allocation Instructions

In this section, tell us how much of the above referenced account(s) you wish to transfer (you can also indicate a new allocation for the amount). If this section is not completed, 100% of the account will be transferred using the existing allocation on the account. This information is needed for **Sections 3a, 3b, and 3d**.

Full transfer (100%)      **OR**      Transfer only \_\_\_\_ % or \$ \_\_\_\_\_ to this Beneficiary / New Owner

Upon transfer, please use the following allocation for the new account, this transfer, and future contributions:

Investment Option Name	Class:		Investment Amount	
	A	C		
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
	<b>Total:</b>		\$ _____	= <b>100 %</b>

### Section 3: Account Registration Changes

In this section, you can alert us to changes in the Account registration, such as adding or changing a Successor Owner, or changing an Account Owner or Beneficiary, or transferring ownership of an account to the Beneficiary. **Please note:** Some changes in this section may require the signatures on this form to have a notary, medallion signature guarantee or similar stamp, and / or some supporting documentation.

#### 3a. Change of Designated Beneficiary

The “designated beneficiary” of the account is the individual whose qualified higher-education expenses will be paid from this account. **Please review the Program Description for restrictions on changing Account Beneficiaries.**

Check here if the Beneficiary’s address is the same as the Owner’s. Otherwise, please complete below:

_____	_____	_____	_____	_____
Full Name <b>NEW Beneficiary</b> (first, middle initial & last)	Street #	Street name		
_____	_____	_____	_____	_____
Social Security number OR Existing account number	Date of birth (mm/dd/yyyy)	City	State	ZIP Code

**OR:**

#### Transfer of ownership to the *Designated Beneficiary* (Medallion Signature Guarantee is required)

To transfer all or part of the account to Beneficiary already named on the account (for UGMA/UTMA accounts, the Beneficiary must have reached the applicable state’s age of majority).

Check here if the Beneficiary’s address is the same as the Owner’s. Otherwise, please complete below:

_____	_____	_____	_____	_____
Full Name of <b>Beneficiary</b> (first, middle initial & last)	Street #	Street name		
_____	_____	_____	_____	_____
Social Security number <b>OR</b> Existing account number	Date of birth (mm/dd/yyyy)	City	State	ZIP Code

#### 3b. Change of Account Owner (Medallion Signature Guarantee and other documentation is required)

If you need to change the Account Owner listed on the account or transfer the account ownership to the designated Successor Owner, please complete this section.

- Transfer of ownership due to the death of the Account Owner
- Transfer of ownership pursuant to a divorce decree
- Transfer of ownership to a new Account Owner for other reason (State reason here): \_\_\_\_\_

#### New Owner Information:

_____	_____	_____	_____	_____
Full Name of New Owner, Custodian, Guardian, etc.	Street #	Street name		
_____	_____	_____	_____	_____
Federal tax ID or Social Security number	City	State	ZIP Code	
_____	_____	_____	_____	_____
Date of birth (mm/dd/yyyy)	Contact telephone number			

### 3c. Name / Update Successor Account Owner

You may add or change the Successor Account Owner here. In the event, the Account Owner passes away, the Successor Owner will need to take over the account. The designated Successor Owner may only obtain information on the account (no transactions). **Note:** This information will replace any current Successor Owner listed on the account.

Check here if the Successor Owner's address is the same as the address that is currently on the account. Otherwise, please complete below:

<hr/> Full Name of <b>Successor Owner</b> (first, middle initial & last) <hr/>	<hr/> Street #    Street name <hr/>
<hr/> Social Security number <hr/> Date of birth (mm/dd/yyyy)	<hr/> City <hr/> State <hr/> ZIP Code

### 3d. Re-register as a Trust / Scholarship / Other Entity Account

**(Medallion Guarantee, similar stamp or other documentation required)**

The individual / entity named below will direct all Beneficiary designations, withdrawals and transactions. You will need to supply us with a copy of the appropriate sections of the trust document (first, last, signature pages, etc.) in order to establish a trust account. Only one individual may be named below as trustee, and this individual must be named as a trustee in the trust documents you provided.

Check here if the New Owner's address is the same as the address that is currently on the account. Otherwise, please complete below:

<hr/> Full Name of <b>Trustee</b> (first, middle initial & last) <hr/>	<hr/> Street #    Street name <hr/>
<hr/> Social Security number / Tax ID <hr/> Date of birth (mm/dd/yyyy)	<hr/> City <hr/> State <hr/> ZIP Code

Check here if the entity's address is the same as the trustee's address listed above. Otherwise, please complete below:

<hr/> Full Name of <b>Trust, Scholarship, Foundation, etc.</b> <hr/>	<hr/> Street #    Street name <hr/>
<hr/> Tax Identification number <hr/> Date of trust (mm/dd/yyyy)	<hr/> City <hr/> State <hr/> ZIP Code

## New Address for the Account

If the residential address on the account will be different from the current address, please provide it here:

This address change is for the:  Account Owner  Beneficiary  Successor Owner



### Sign Me Up For eDelivery!

By adding your email address, we will sign you up for eDelivery of Program Description (including supplements & amendments) & general mailings. For your security, you will need to **Access Your Account online** at [blackrock.com/collegeadvantage](http://blackrock.com/collegeadvantage) to add statements, transaction confirms and tax forms.

\_\_\_\_\_  
Email Address

### Mailing Address

Complete ONLY if you want the mailing address on your account to be *different* from the address given above. BlackRock will send ALL mail to this address, including any redemptions by check.

\_\_\_\_\_  
PO Box / Street #

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

To make other updates, such as adding or updating Bank Information, adding or updating an Automatic Investment Plan, or updating your Investment Dealer information, please complete the **BlackRock CollegeAdvantage® 529 Plan Account Maintenance Form**.

## Section 4: Investment Dealer Information

If you want a different Investment Dealer, please provide us with the Financial Professional you wish to have listed on your account. Your Financial Professional will have this information available and can help you complete it and review it for accuracy. This section is required to invest in Class C Units (if this section is not completed, your investment will be made in Class A Units).

**NOTE:** We will carry over the **existing** Investment Dealer information from the original account unless you complete this section to add a new investment dealer.

\_\_\_\_\_  
Name of Dealer firm

\_\_\_\_\_  
Full name of Financial Professional

\_\_\_\_\_  
Dealer number

\_\_\_\_\_  
Branch number

\_\_\_\_\_  
Representative's number

\_\_\_\_\_  
PO Box # / Street #

\_\_\_\_\_  
Street name

\_\_\_\_\_  
Contact telephone #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email address

**Optional: BIN** (Provided by Financial Professional): \_\_\_\_\_ Network level: \_\_\_\_

**If required by the Investment Dealer firm:** I (the above Financial Professional) have complied with my firm's policies and procedures in regard to opening this account.

\_\_\_\_\_  
Signature of Financial Professional

\_\_\_\_\_  
Date(mm/dd/yyyy)

\_\_\_\_\_  
Principal Approval (if required)

## Section 5: Signatures

### 5a. Existing Owners: Sign here to authorize change / transfer

The currently registered Owner must sign here to authorize the re-registration / transfer of the account(s) referenced in Section 1 to the new owner(s) referenced in Section 2. For changes requested in Sections 2B (change of Owner) & 2D (change to a trust, etc.) your signature in this section must be verified by a **Medallion Signature Guarantee stamp\*** or a **Signature Verification Stamp**.



\_\_\_\_\_  
Signature of existing owner / trustee / custodian, etc.

\_\_\_\_\_  
Title / Capacity (if any)

\_\_\_\_\_  
Date (mm/dd/yyyy)

Owner's Date of death (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yyyy)

Place any notary seal or  
Medallion Signature Guarantee  
stamp here

#### For Notary Public:

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, \_\_\_\_\_, personally appeared and proved through satisfactory evidence of Identification to be the person whose name is signed above and acknowledged by:

\_\_\_\_\_  
Signature of Notary Public

Please note: A medallion signature guarantee is a stamp affixed by an authorized financial institution next to the signature. The stamp guarantees that the signer is the appropriate person with the legal capacity to complete the request, and the signature's authenticity. The financial institution verifying the signature assumes the financial risk associated with providing the medallion guarantee, in case of fraud. The medallion guarantee program benefits shareholders, adding additional protection in the prevention of an unauthorized party accessing their account. Medallion signature guarantees may be executed by banks, broker/dealers, national securities exchanges, and savings associations. A "Signature Verification Stamp" is a substitute available at many financial institutions.

### 5b. New Owners MUST Sign here to accept the new account

**The NEW Owner** (meaning the person that will be listed on the new registration of the account) must sign in this section (next page), to certify all of the information on this form is correct.

We must have your signature to process your changes and to certify your taxpayer identification number.

If Section 3 ("Investment Dealer") was not completed, I hereby certify that I have not been solicited by anyone at BlackRock to open this Account, that my investment will be made in Class A Units, and I am aware that BlackRock has not provided, and will not provide, me with any financial advice in connection with my investment.

I certify that the information contained herein is true and correct. I certify that I, the Successor Owner and my Beneficiary(ies) are US Citizens or resident aliens. I certify that the taxpayer identification numbers in Sections 1 and 2 are correct (or a number has been applied for and will be provided upon receipt). The Ohio Tuition Trust Authority (Tuition Trust) is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received by the Tuition Trust.

My signature indicates that I have read and agree to the terms of (i) the current Program Description, including any supplements and amendments), (ii) the Participation Agreement dated September 3, 2019 or later and (iii) this Form, each as relating to the BlackRock CollegeAdvantage 529 Savings Plan offered exclusively through the Tuition Trust. I understand that I should consult a financial or legal advisor if I have questions about these terms. This Application, together with the Participation Agreement incorporated herein, constitutes my contract with the Tuition Trust with respect to amounts invested pursuant to this Application.

(Continued on next page)

To help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies persons opening accounts. To comply, BlackRock requires the investor's name, address, date of birth and government-issued identification number (generally, a Social Security Number) and other information that may help identify the investor; and may ask for copies of related documentation and may consult third-party databases to help verify the investor's identity. I have read and I understand the prospectus which explains the risks of opening this account if I do not provide all requested identification materials or if my identity cannot be adequately verified in accordance with U.S. Government requirements.

In accordance with federal law, I understand the administrator for the BlackRock CollegeAdvantage® 529 Plan is required to obtain my name, residential or business address, Social Security or Tax Identification number, driver's license or state-issued I.D. card number, and date of birth in order to verify my identity and for tax reporting purposes. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the BlackRock CollegeAdvantage® 529 Savings Plan's privacy policies. The Tuition Trust is unable to accept this new account if any required information is not provided. If the Program Administrator is unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the then-current unit value.

**Tax Certification - Under penalties of perjury, I/we certify that:**

- ▶ The number shown on this form is the correct taxpayer identification number, and
- ▶ The investor is not subject to backup withholding because the investor: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the Investor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the investor that they are no longer subject to backup withholding, and
- ▶ The applicant is a U.S. person (including a U.S. resident alien) or
- ▶ Alternatively, under penalties of perjury, the applicant certifies that they are subject to withholding. If so, check here:
- ▶ The FATCA code(s) entered on this form (if any) indicating the investor is exempt from FATCA reporting is correct.  CODE: \_\_\_\_\_

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.


**The NEW Owner** should read above and sign here to accept the account (no signature stamps are required).



\_\_\_\_\_  
Signature of **NEW** Account Owner (or Guardian, trustee, etc.)

\_\_\_\_\_  
Date (mm/dd/yyyy)

*Program details are subject to change. If you do not submit your account application within six months of receipt of the Program Description and Participation Agreement, please call your Financial Professional to ensure you have the most current version of this important document before submitting your application.*

 Questions? Call us at **866-529-8582**, Monday through Friday between 8:00AM and 6:00PM ET or visit us online at [blackrock.com/collegeadvantage](https://blackrock.com/collegeadvantage).

**Not FDIC Insured | May Lose Value | No Bank Guarantee**

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