

BlackRock 529 CollegeAdvantage

Account Maintenance Form

Use this form to make changes to your existing BlackRock CollegeAdvantage® 529 Plan accounts, such as updating the address of record, adding or updating Bank Information, your Automatic Investment Plan, or your Investment Dealer.

- ▶ You cannot use this form to make changes to the registration or ownership of your account. Please use our BlackRock CollegeAdvantage® 529 Change of Registration 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:

▶ **Regular mail:**

BlackRock 529
P.O. Box 9783
Providence, RI 02940

▶ **Overnight mail:**

BlackRock 529
4400 Computer Dr
Westborough, MA 01581

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.

Section 1: Current Account Information (Required)

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

Full name of Account Owner / scholarship / trust

Home telephone number

Full name of Beneficiary

Cellphone number

Social Security Number

OR

BlackRock Account Number(s)

Reference number (if applicable)

Section 2: New Address for the Account

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

NOTE: With any change of address, for the security of your account we will place a 30-day hold on any withdrawal by check to the new address (unless a **Medallion Signature Guarantee** stamp is used on this form). A confirmation of the address change will be sent to both your old and new address.

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 to add statements, transaction confirms and tax forms.

Email address

Mailing Address

If the mailing address has changed, please provide the correct address here. BlackRock will send ALL mail to this address, including any redemptions by check).

PO Box / Street #

Street name

City

State

ZIP Code

Section 3: Investment Changes

In this section, you can update the allocation to use with all future contributions, add or update your Bank Instructions for purchases & withdrawals to or from your checking or savings, and add or update an Automatic Investment Plan on your account.

Please note: You cannot use this form to make changes to your *existing* allocation; to do this, please use our **BlackRock CollegeAdvantage® 529 Plan Reallocation Form** or call our team.

a. Allocation for all future contributions:

Investment Option Name	Class			Contribution Amount	
	A	C	I*	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	or _____ %
	Total =			\$ _____	= <u>100%</u>

We will use this allocation until we are notified by you or your Financial Professional to update it.

**Must be eligible to purchase Class I Units. Talk with your financial professional regarding eligibility.*

b. Bank Instructions

By adding your Bank Instructions to your account you will enable purchases and redemptions to / from your checking or savings via telephone or online. Complete this section below and **attach a bank statement, voided check, or savings deposit slip (showing the bank account number & registration).**

Please Note: For redemptions, it may take up to 10 business days to test the bank instructions with your bank during the "pre-note" period.

Purchases & Redemptions by ACH Yes No **Wire Redemptions** Yes No

Enables you to make purchases from, or send redemption proceeds to, your checking or savings account. There is no fee for this service.

Funds may be wired to your bank account via the Federal Reserve (your bank may have a different ABA # for wires.) There is a fee of \$7.50 (**per fund**) for this service.

_____ Full name of bank account owner

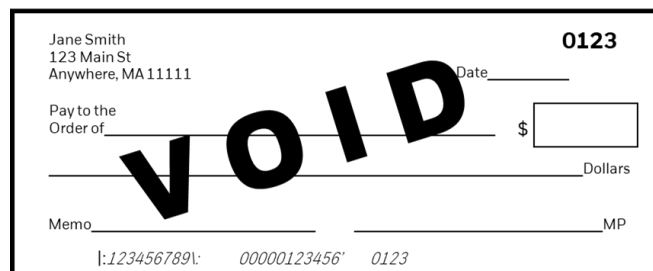
_____ Name of bank

_____ Full name of joint bank account owner

_____ ABA routing number (9 digits)

_____ Account number at your bank

Checking Savings



C. Automatic Investment Plan

The Automatic Investment Plan (“AIP”) allows you to invest in your BlackRock funds on a periodic basis for a **minimum of \$25 per Investment Option**. We will begin your AIP on the 20th of the month if you do not specify a date.

Please complete the “**Bank Instructions**” (in Section 3b) to enable your AIP and online purchases.

Investment Option Name	Investment Amount (per draft)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total: \$ _____	

Please begin my AIP on _____

Date(mm/dd/yyyy)

Please invest:

- Monthly
- Twice per month, on the ____ and ____
- Weekly
- Quarterly
- Semi-Annually
- Annually

Section 4: Investment Dealer Information

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.

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).

Name of dealer firm

Dealer number

Branch number

PO Box # / Street #

Street name

City

State

Zip Code

Full name of Financial Professional

Representative’s number

Contact telephone #

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

NOTE: If mail has been returned from the address already on file and a postal stop has been placed on your account, your signature on this form must be verified by **notary seal**, a **Medallion Signature Guarantee stamp*** or a **Signature Verification Stamp**. If the account value is greater than \$100,000, a notary stamp may not be accepted.

I certify that the information contained herein is true and correct. I certify that I, the Successor Owner and my Beneficiary are US Citizens or resident aliens. 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.

If Section 4 (“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.

If participating in electronic fund transfers, my signature below authorizes the Tuition Trust to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I authorize the Tuition Trust to make a follow-up attempt in retrieving those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank, BlackRock, and the Tuition Trust for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Tuition Trust, with reasonable time given to implement my request.

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.



Signature of Owner / trustee / guardian /custodian etc. Title / Capacity (if any) Date(mm/dd/yyyy)



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.



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Not FDIC Insured | May Lose Value | No Bank Guarantee

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