

# ACCOUNT SERVICES



## ✓ USE THIS FORM TO:

- Change your address.
- Add or change bank information.
- Enroll or change Automatic Monthly Contributions (AMC).
- Add or change a Successor Account Holder.
- Send duplicate statements and/or confirmations to a third party.
- Add Rights to Account Information.

Indicates this can be done online.

Indicates this can be done by phone.

Indicates you may need to attach documentation.

## RETURN THIS FORM TO: EXPRESS MAIL ONLY:

Alaska 529  
P.O. Box 17302  
Baltimore, MD 21297-1302

Alaska 529  
Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

## 1 ACCOUNT INFORMATION

Changes apply to all Alaska 529 Accounts with the same Account Holder unless you attach separate instructions.

Account Holder (Trust name, if applicable)	Social Security Number (Last 4 digits)
Custodian or Trustee (if applicable)	Phone

Complete Sections 2 through 7 that you would like to change or update.

## 2 NEW CONTACT INFORMATION

Complete this section to update new contact information.

Residential Address (cannot be a P.O. box)*		
City*	State*	ZIP Code*
Email Address		Phone
Mailing Address (if different from residential)		
City	State	ZIP Code

\*Required to update the Account.

**NOTE:** With this address update, no distributions can be mailed to the address of record for 15 calendar days. If you need to distribute assets in the Account within 15 calendar days following an address update, please call us to discuss alternatives.

New contact information will apply to all Beneficiaries unless you indicate specific Account(s) below.

Beneficiary Name	Account Number
Beneficiary Name	Account Number
Beneficiary Name	Account Number

Attach a [separate page](#) for additional Account(s).

## 3 BANK INFORMATION

Complete this section to add or update electronic funds transfer (EFT) service. This service allows you to move money between your bank account and your Account(s).

Enclose a voided check or letter from the bank on bank letterhead, which provides the name(s) on the account, the routing number, and the account number. We cannot accept starter checks.

Checking account **or**  Savings account

**Check all that apply:**

- Add a new bank
- Add an additional bank
- Replace existing bank on file
- Make this my primary bank for AMC and EFT transactions

**NOTE:** If the Account Holder or Custodian is not an owner of the bank account, the bank account owner must sign in Section 8B.

New bank information will apply to all Beneficiaries unless you indicate specific Account(s) below.

Beneficiary Name	Account Number
Beneficiary Name	Account Number
Beneficiary Name	Account Number

Attach a [separate page](#) for additional Account(s).

## 4 AUTOMATIC MONTHLY CONTRIBUTIONS (AMC)

AMC will be established or changed based on the information provided below. There is a \$25 minimum contribution per Account.

**Check one:**

- Enroll in AMC.
- Redirect current AMC to new portfolio.
- Change current AMC (dates and/or amounts).
- Add an additional AMC (keep current AMC on Account).
- Stop AMC.



529 Account Number	Amount**	Day(s)***
	\$	
	\$	
	\$	
	\$	

For more Accounts, check this box and attach a [separate page](#).

\*\*NOTE: This amount should reflect how much to contribute per Account for each date indicated.

\*\*\*NOTE: If blank, the date defaults to the first business day of the month. Multiple days are permitted.

## 5 SUCCESSOR (OPTIONAL)

You may name a Successor Account Holder to take control of the Account if the Account Holder dies or becomes legally incompetent. If the Account is a custodial Account, you may name a Successor Custodian to take control of the Account if the current Custodian dies or is declared legally incompetent prior to the Account Holder reaching the applicable age of majority. If you choose to name a Successor, you must provide both their full name and date of birth.

Check one:  Successor Account Holder  Successor Custodian

Name	Date of Birth (mm/dd/yyyy)
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Successor information will apply to all Beneficiaries unless you indicate specific Account(s) below.

Beneficiary Name	Account Number
Beneficiary Name	Account Number
Beneficiary Name	Account Number

Attach a [separate page](#) for additional Account(s).

## 6 THIRD-PARTY STATEMENTS AND/OR CONFIRMATIONS

To have duplicate statements and/or confirmations mailed to a third party, please provide mailing information below. To request only one option, check the appropriate box:

Quarterly statements only  Transaction confirmations only

Name		
Address		
City	State	ZIP Code

Third-party changes will apply to all Beneficiaries unless you indicate specific Account(s) below.

Beneficiary Name	Account Number
Beneficiary Name	Account Number
Beneficiary Name	Account Number

Attach a [separate page](#) for additional Account(s).

## 7 RIGHTS TO ACCOUNT INFORMATION (OPTIONAL)

Name a person who can contact us to discuss your Account(s).

NOTE: This person will be permitted to receive Account information over the phone.

Name		
Address		
City	State	ZIP Code

**Third-Party Statements.** Send copies of my quarterly statements to the name and address above.

The individual named to have Rights to Account Information will apply to all Beneficiaries unless you indicate specific Account(s) below.

Beneficiary Name	Account Number
Beneficiary Name	Account Number
Beneficiary Name	Account Number

Attach a [separate page](#) for additional Account(s).



**8 SIGNATURE(S)**

**8A ACCOUNT HOLDER, CUSTODIAN, OR TRUSTEE**

**By signing this form, I understand and hereby certify that:**

- I authorize T. Rowe Price, its agents and affiliates, and the Education Trust of Alaska (Trust) to act on instructions believed to be genuine and from me for any service authorized on this form. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain Account information on my behalf via telephone or computer. I understand that receiving reimbursement for unauthorized activity as part of the T. Rowe Price Account Protection Program requires me to meet the eligibility terms of the Program, including following certain security best practices.
- All services are subject to conditions set forth in the Plan Disclosure Document. I agree to indemnify and hold harmless the Trust, T. Rowe Price, and the University of Alaska for any losses arising out of any misrepresentations made by me.
- If I am adding bank information, I hereby authorize T. Rowe Price to initiate debit or credit entries to the account at the financial institution indicated and for the financial institution to debit or credit such account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a credit or debit to the financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by phone or in writing and T. Rowe Price has had sufficient time to act on it.

All signatures on this form are genuine signatures of the respective individuals or their legal guardians.

**SIGNATURE AND DATE REQUIRED**

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s) Date (mm/dd/yyyy)

**X**

Print Name

**8B BANK ACCOUNT OWNER**

If the Account Holder or Custodian is not an owner of the bank account, the bank account owner must sign here to authorize adding the bank information.

**By signing this form, I understand and hereby certify that:**

By adding bank information, I hereby authorize T. Rowe Price to initiate debit or credit entries to the account at the financial institution indicated and for the financial institution to debit or credit such account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a credit or debit to the financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by phone or in writing and T. Rowe Price has had sufficient time to act on it.

**SIGNATURE AND DATE REQUIRED**

Bank Account Owner

Date (mm/dd/yyyy)

**X**

Print Name

