

- ▶ Use this form to:
 - » Add, Change or Remove the Successor Account Owner
 - » Manage third-party individual Authorized Agents
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.

1. CURRENT ACCOUNT INFORMATION *(required)*

<input style="width: 95%; height: 25px;" type="text"/> Account Number	<input style="width: 95%; height: 25px;" type="text"/> Account Owner, Custodian, or Entity Representative Name <i>(first, MI, last)</i>
<input style="width: 95%; height: 25px;" type="text"/> Primary Phone Number	<input style="width: 95%; height: 25px;" type="text"/> Beneficiary Name <i>(first, MI, last)</i>

2. ADD OR CHANGE ACCOUNT OWNER SUCCESSOR

- ▶ Any designation made here can be changed or revoked at a future date.
- ▶ Account ownership cannot be transferred to a trust until we receive both a completed Change of Account Owner form and a copy of the trust agreement.

Please select one of the following options:

- Add** a Successor Owner for the first time.
 Change an existing Successor Owner designation.
 Remove a Successor Owner designation.

Provide the information below if you are **adding** or **changing** a Successor Account Owner.

<input style="width: 95%; height: 25px;" type="text"/> Account Owner Successor's First Name	<input style="width: 95%; height: 25px;" type="text"/> Middle Initial	<input style="width: 95%; height: 25px;" type="text"/> Last Name
<input style="width: 95%; height: 25px;" type="text"/> Social Security Number or Taxpayer ID Number		<input style="width: 25%; height: 25px;" type="text"/> <input style="width: 25%; height: 25px;" type="text"/> <input style="width: 25%; height: 25px;" type="text"/> Date of Birth <i>(mm/dd/yyyy)</i>
<input style="width: 95%; height: 25px;" type="text"/> Street Address Line 1	<input style="width: 95%; height: 25px;" type="text"/> Street Address Line 2	
<input style="width: 95%; height: 25px;" type="text"/> City	<input style="width: 95%; height: 25px;" type="text"/> State	<input style="width: 95%; height: 25px;" type="text"/> ZIP Code
<input style="width: 95%; height: 25px;" type="text"/> Primary Phone Number	<input style="width: 95%; height: 25px;" type="text"/> Alternate Phone Number	<input style="width: 95%; height: 25px;" type="text"/> Email Address

3. RIGHTS TO INFORMATION

Please select one of the following options:

- Add** an Authorized Agent for the first time.
- Change** the information of a third party who is already an Authorized Agent.
- Remove** a third party who currently is an Authorized Agent.

Please provide the following information for an authorized third-party individual that you would like to obtain information on your Account.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Party First Name	Middle Initial	Last Name
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number or Taxpayer ID Number		Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	
Street Address Line 1	Street Address Line 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number	Alternate Phone Number	Email Address

4. ACCOUNT OWNER SIGNATURE

By signing below, I understand and agree that these documents govern all aspects of this Account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act on behalf of the Account Owner, and additionally that:

It is my intent to make the change(s) noted in the applicable section(s) above on the account listed in Section 1. I understand that if I am changing the Account Owner's Successor, I certify that it is my intent to revoke the rights of the current Account Owner's Successor and name a new Account Owner's Successor. All the information provided by me on this form is, and all information provided by me in the future will be, true, complete, and correct. I authorize Jumpstart and its agents and their affiliates to act on my instructions based upon this information. I understand that the West Virginia Jumpstart Savings Program Account Disclosure Statement & Informational Booklet may be amended from time to time and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Jumpstart, nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Account Owner, Custodian, or Authorized Representative _____
Date (mm/dd/yyyy)