

- ▶ Use this form to:
  - » Change the designated Beneficiary.
  - » Update a Legal Name, Social Security Number or Date of Birth for the Beneficiary.
- ▶ The new Beneficiary must meet the requirements of the Jumpstart Savings Act and the rules promulgated by the board, as defined in the Savings Disclosure and Participation Agreement.
- ▶ **Note:** Failure to provide the required information may result in a delay in processing your request.
- ▶ Complete a separate form for each Account, and upload by logging in to **access.wvjumpstart.gov**.

**1. CURRENT BENEFICIARY INFORMATION** *(required)*

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

**2. NEW OR UPDATED BENEFICIARY INFORMATION** *(required)*

Please select one of the following options:

- Change** to a new Beneficiary     
  **Update** the current Beneficiary

- ▶ For a **misspelled name** or **incorrect date of birth**, you must provide a copy of either the birth certificate or Driver's License.
- ▶ For a **legal name change** you must provide legal documents certifying the name change.
- ▶ For **corrections to a Social Security Number**, you must provide a copy of the beneficiary's U.S. government-issued Social Security card.

Provide the information below whether you are **changing** or **updating** the account Beneficiary:

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

### 3. SIGNATURE AND ACKNOWLEDGEMENT

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 designated Beneficiary, I certify that it is my intent to revoke the rights of the current designated Beneficiary and name a new designated Beneficiary. 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.

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**Signature of Account Owner, Custodian, or Authorized Representative**

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**Date** *(mm/dd/yyyy)*