FUTURE Scholar
529 College Savings Plan™

Account update/automatic contributions change

This form is to be completed to change an address, to change a name due to marriage, divorce or for some other reason, or to add, change or terminate Automatic Contribution Plan contributions and/or contributions by telephone. Each term used in this form has the same meaning the term has in the Program Description to which you should refer when completing this form. Please print clearly. If you have any questions while completing this form, please call us toll-free at 888.244.5674, Monday through Friday 8:00 a.m. to 8:00 p.m., Eastern time.

Your completed form should be sent to the following address:

Regular mail:
Future Scholar 529 College Savings Plan
P.O. Box 8036
Boston, MA 02266-8036

Overnight mail:
Future Scholar 529 College Savings Plan
30 Dan Road
Canton, MA 02021

I. Current Account information

A. Account number

____

B. Account Owner information

If not an individual, indicate the type of entity (e.g., a trust) and insert the entity's legal name.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Social Security number or other taxpayer identification number

First name (or entity name) | Middle initial | Last name

Street address

City/State | ZIP code

( ) | ( )

Daytime telephone number | Evening telephone number | Date of birth (MM/DD/YY)

C. Designated Beneficiary information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Social Security number or other taxpayer identification number | Date of birth (MM/DD/YY)

First name | Middle initial | Last name

Street address | City/State | ZIP code

II. Address/telephone number change

Complete this section to change the Account Owner's and/or the Designated Beneficiary's address(es) and/or telephone numbers.

A. Account Owner information

Street address | City/State | ZIP code

II. Address/telephone number change *(continued)*

( ) ( )

Daytime telephone number | Evening telephone number

B. Designated Beneficiary

Street address | City/State | ZIP code

III. Name change

Complete this section to change the Account Owner's or the Designated Beneficiary's name due to marriage, divorce or for another reason. A certified copy of a marriage certificate, divorce decree or other relevant document, as applicable, must be attached.

Name change applies to: ☐ Account Owner ☐ Designated Beneficiary

New name to be shown on account:

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Social Security number or other taxpayer identification number

First name | Middle initial | Last name

Former name (as currently shown on account):

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Other

Social Security number or other taxpayer identification number

First name | Middle initial | Last name

I hereby certify that:

(Please print former name)

and

(Please print new name)

are One and the Same Person.

*Signature (former name) | Date

*Signature (new name) | Date

**The "Signature Guarantee" must be obtained by an eligible guarantor institution which is a participant in the Securities Transfer Association's Medallion Program "STAMP," the Stock Exchange's Medallion Program "SEMP" or the New York Stock Exchange's Medallion Signature Program "MSP." In addition, the Transfer Agent has adopted standards and procedures pursuant to which signature guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations. Notarization by a notary public is not an acceptable guarantee.*

IV. Additional contribution options

You may make additional contributions to your Account in the minimum amount of **$50** by check or money order payable to **Future Scholar 529 College Savings Plan.** Please see the Program Description for more information. You may also make additional contributions in any of the following ways:

A. Automatic contribution plan ☐ Add ☐ Change ☐ Delete

This option allows you to invest in the Program by automatic electronic withdrawals from your bank account. The minimum initial and subsequent contribution amount is $50. Contributions can be made twice a month, monthly or quarterly on any day of the month you choose. It takes up to 10 business days to initiate this service. (Please be sure to complete the banking information below.)

I authorize BFDS or its agent to draw on my bank account (identified below) for contribution to my Accounts as follows:

Designated Beneficiary #1

Amount of contribution $ ______________________ Month to start draft: ______________________________

Frequency ☐ Twice a month ☐ Monthly ☐ Quarterly (scheduled in 3-month intervals)

Day(s) of draft__________________________________ (Please indicate two business days for twice a month draft)

IV. Additional contribution options *(continued)*

Designated Beneficiary #2

Amount of contribution $ __________________________ Month to start draft: ____

Frequency ☐ Twice a month ☐ Monthly ☐ Quarterly (scheduled in 3-month intervals)

Day(s) of draft____ (Please indicate two business days for twice a month draft)

B. Telephone purchase privilege ☐ Add ☐ Change ☐ Delete

This service allows you to make subsequent contributions to your Account(s) from your bank account (identified below) by a telephone direction and will be automatically applicable to your Account(s) unless you check the following box or do not complete the banking information required below.

☐ *No, I do not want this service.*

C. Banking information ☐ Add ☐ Change ☐ Delete

You must provide the following information if you request the automatic contribution plan or if you wish to use the telephone purchase privilege. Unless you provide us with additional banking information attached to this form, we will assume the bank information you supply below applies to all investment options using the automatic contribution plan and telephone purchase privilege, as indicated above. An unsigned voided check or savings deposit slip from your bank account must be attached. An initial contribution check cannot be used.

Type of account: ☐ Add ☐ Checking ☐ Savings ( ) ____
Bank telephone number

Name(s) on account: ____

____

Please attach your voided bank check or savings deposit slip

V. Signature(s)

By signing below, I certify that I am the Account Owner of the Account indicated on this form, that the information provided on this form is in all respects true, complete and correct, that the information change(s) and/or action authorized on this form is to be reflected or taken, as applicable, in accordance with the current Future Scholar 529 College Savings Plan Program Description, and that I fully understand the consequences of such change(s) and/or action.

____
Signature of Account Owner Date
(If the Account Owner is a legal entity, the title of the individual for the entity should be indicated)

____
Signature of parent, guardian or custodian if Account is funded by UGMA/UTMA assets and Designated Beneficiary is a minor Date