1.

Brighter Future Advisor Plan

Account Information Change Form



- The following can be changed by completing this form: account owner's name, mailing address, phone number, email address, successor account owner, interested party, or financial advisor information.
- If you are changing your name, your former signature and your new signature must be guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the account owner of an existing account, your signature must be guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution and the new account owner must attach an Account Application.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form – or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700 For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Current Account Owner Information
Account Number(s) (To list more than three accounts, use a separate sheet)
Social Security Number or Taxpayer Identification Number
Name of Account Owner (first, middle initial, last)
Daytime Telephone Number Evening Telephone Number
Permanent Street Address (A P.O. Box or rural route number are not acceptable.)
City State Zip Code



DO NOT STAPLE

2. Updated Account Owner Information (If applicable)

\Box					7									7														7									Γ
Name	e of <i>i</i>	4cco	unt 0	wner	(first,	mid	dle .	initić	al, la	st)																											
			_				_							_							_					_				_							
			_					_																	_	- [_						
Dayti	me 7	ГеІер	hone	Num	ber																E۱	/enir	ıg Te	leph	one	Nur	nber										
			1	1	7		\neg [_		1	7			1			1	7					1	7				7				٦٢		1	$\neg \Gamma$		Γ
E-mai	ilΛd	dros]	J L		JL					<u> </u>			JL					JL										_ L			_		JL			L
L-IIIa	II Au	uics	3																																		
Perm	aner	it Str	eet A	ddres	ss (A	P.O.	Вох	or ru	ıral ı	oute	nun	nber	are	no	t acc	ері	able]																			
												_								_				_	_			-				_				_	_
					JL																												_				
City																						Sta	te		Z	ip C	ode										
		1	1	1	7			\neg		1				1			1	1					1					1				7		1	$\neg \Gamma$		Γ
Acco	unt N	//ailiu	J L Da Ad	draes	 Lifdi	∐ fforo	 nt fr	rom :	L ahov	_ Th (Th	⊥∟ is a	 Idro	CC 14	J∟ viII I	 ho 116	- od] [_ L	_ t's ac	Idra		l f roc	L ord a	[nd f	or a	ll ac	L	_	ailin	ne l	_ L		JL	_		L
Accoi	uiiti	viaiiii	iy Au	uicse	i ii ui	11010	111	UIII	ibuv	C [111	is ac	iuic	33 VI	VIII L	JC us	ocu	นง แ	ic ac	courr	ı s ac	iuic	,55 0	1100	ли и	nu i	or a	n ac	Journ	LIIIC	<i></i>	ys.,						
										¬ —	\neg \vdash			- I			1 -	7	$\neg \vdash$	\neg			$\neg \vdash$	_		\neg		_				_					
								l] .	—				Γ
City																			JL			Sta	_ te		Z	ip C	ode										
City																						Sta	_ _ te		Z	ip C	ode										
																						Sta	_ _ te		Z	 Zip C	ode						_				
	nsi	er.	Ass	sets	to	Ne	 •W	Ad	cco	oun	t O)w	ne	r (lf ap	opl][icab] _ nle)				Sta	te		Z	ip C	ode										
Tra																			acc	OUD	t to			w a				mer.	liet	ted	he	lov	~				
Tra • ⊺	his	will	tran	sfer	own	iersl	nip	of a	all o	f th	e as	sse	ts o	n t	he r	efe	eren	ced				the	e ne		ссо	unt	OW			ted	be	lov					
Tra: • ⊺	his he r	will new	tran:	sfer ount	own owr	iersl ier v	nip vill	of a	all o	f the	e as e ac	sse [†]	ts o	n t and	he r	efe e d	erer lispo	ced ositi	on o	f all		the	e ne		ссо	unt	OW			ted	be	low					
Tra: • ⊺	his he r	will new	tran	sfer ount	own owr	iersl ier v	nip vill	of a	all o	f the	e as e ac	sse [†]	ts o	n t and	he r	efe e d	erer lispo	ced ositi	on o	f all		the	e ne		ссо	unt	OW			ted	be	low	V.				
Tra: • ⊺	his he r	will new	tran:	sfer ount	own owr	iersl ier v	nip vill	of a	all o	f the	e as e ac	sse [†]	ts o	n t and	he r	efe e d	erer lispo	ced ositi	on o	f all		the	e ne		ссо	unt	OW			ted	be	lov	W.				
Tra: • ⊺	his he r he r	will new new	tran	sfer ount ount	own owr owr	iersl ner v ner r	nip vill	of a	all o	f the	e as e ac	sse [†]	ts o	n t and	he r	efe e d	erer lispo	ced ositi	on o	f all		the	e ne		ссо	unt	OW			ted	be	low	V.				
Tra	his he r he r	will new new	tran	sfer ount ount	own owr owr	iersl ner v ner r	nip vill	of a	all o	f the	e as e ac	sse [†]	ts o	n t and	he r	efe e d	erer lispo	ced ositi	on o	f all		the	e ne		ссо	unt	OW			ted	be	lov	V.				

DO NOT STAPLE

4. Successor Account Owner Information (If applicable)

 Complete this 	s section only	if you are	adding, cha	anging, o	r removing	succes	sor accou	ınt owr	er inforr	nation o	on your a	accoun	i.	
You may revo more informa	ke or change t tion.	the succes	sor accour	nt owner a	at any tim	e. See th	ne Brighte	er Futur	e Adviso	or Plan F	Program	Descri	ption f	or
• The person ye	ou designate a	as success	or account	owner m	ust be at	least 18	B years (old and	d a U.S.	citizen	or resi	ident a	lien.	
Check one.	Add		Change		Dele	te								
Name of Successor	Account Owner	(first, middle	initial, last)											
Birth Date (mm/dd/y][] — [
Interested P	artv Inforn	nation //:	f annlicahle	e)										
Complete this se	-				ive quarte	rlv acco	unt state	ments	on the ac	ecount o	or if vou	are cha	anging	
interested party														
Check one.	Add		Replace	intereste	ed party		Cha	nge cu	rrent info	ormatio	n		Delet	:е
Name (first, middle i	nitial, last)													
Address														
City							State		ip Code			- [
Daytime Telephone	Number			_	Relationshi	o to Accou	ınt Owner							
Financial Ad	lvisor Intoi	rmation												
Complete this se	ection if you ar	re adding,	changing,	or removi	ng financi	al adviso	or informa	ation o	n your ac	count.				
Check one.	Add		Change		Dele	te								
Firm Name														
Investment Advisor	Name (first, midc	dle initial, las	t)											
Branch Number			Advisor ID N	umber			Dayt	ime Tele	 phone Nur	mber				
Branch Street Addre	ess													
City							State	7	ip Code			- [

DO NOT STAPLE

Signature — YOU MUST SIGN BELOW However, if you to a new account owner, skip this section and complete Section 3	ou are changing your name or transferring ownership of your account 8 instead.
I certify that the information provided herein is true and complete	in all respects.
SIGNATURE	
Signature of Account Owner	Date (mm/dd/yyyy)
Signature Guarantee – REQUIRED FOR NAME AN	D ACCOUNT OWNER CHANGES ONLY
You must provide the following information as underwritten ce	rtification that your new signature is genuine.
You can obtain a Signature Guarantee from an authorized office public cannot provide a Signature Guarantee, nor can you guarantee.	er of a bank, broker, or other qualified financial institution. A notary cantee your own signature.
• Do not sign below until you are in the presence of the au	uthorized officer providing the Signature Guarantee.
I certify that the information provided herein is true and complete	in all respects.
SIGNATURE	
Sign here for account owner change	Date (mm/dd/yyyy
SIGNATURE	
New Signature of Account Owner	Date (mm/dd/yyyy)
SIGNATURE	Authorized Officer to Place Stamp Here
Signature of Guarantor	
Title/Name of Institution	
Date (mm/dd/yyyy)	