

# New York's 529 College Savings Program

## Advisor Plan

# Account Services Form

Please write in all capital letters, using blue or black ballpoint pen, and be sure to fill out the form completely. Incomplete forms cannot be processed.

Please return your completed form to: PO Box 55447  
Boston, MA 02205-5447

1. This form can be used to change the contact information of the Account Owner or Designated Beneficiary, add/update/remove/replace a successor Account Owner or change the way statements and other material are mailed to the Account Owner.
2. Do not use this form to change the Designated Beneficiary. Please use the Change of Designated Beneficiary Form, which can be obtained by visiting [www.ny529advisor.com](http://www.ny529advisor.com) or calling 1-800-774-2108.
3. Sections 1 and 7 must be completed; then only complete sections that require updates.

## 1. Account Owner and Designated Beneficiary information

Name of Account Owner or trustee (first) (m.i.) (last)

Account number

Social Security number of Account Owner or taxpayer ID number of trust

Name of Designated Beneficiary (first) (m.i.) (last)

Social Security number of Designated Beneficiary

## 2. Change of address

Please note that these changes will be applied to all accounts in the names of the Account Owner and Designated Beneficiary in section 1. Please provide only the information that has changed.

### New mailing address of Account Owner or trustee

Street number Street name

City State Zip

E-mail address

Daytime phone Evening phone

### New residential address of Account Owner or trustee (must be completed if the mailing address is a PO box; no PO boxes allowed)

Street number Street name

City State Zip

### New residential address of Designated Beneficiary, if different from address already on record (no PO boxes)

Street number Street name

City State Zip



