

NC 529 Plan

North Carolina's National College Savings Program



Enrollment and Participation Agreement Supplement

Make checks payable to: "NC 529 Plan"

Use this form for CHANGES or CORRECTIONS to your original *Enrollment and Participation Agreement* (Form C420, "Enrollment Agreement"). Follow the steps below, printing clearly in capital letters and dark ink:

- Enter required information directly below.
- Complete *only* the numbered sections that contain the information you want to change in your Enrollment Agreement. For details and definitions, refer to the *Program Description for North Carolina's National College Savings Program* ("the Program Description").
- Sign and date the form in **Section 7** and mail it to NCSP.

Mail to: NC 529 Plan
P.O. Box 40877
Raleigh, NC 27629-0877

Overnight or registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax to: 919-835-2304

For questions or forms, contact the Program Administrator College Foundation, Inc.
CFNC.org/NC529 800-600-3453

Required Information

Name of Participant (First, Middle, Last, Suffix)

Account Number

1 Update of Current Participant Record

Changes made in this section will be applied to every Account you hold in North Carolina's National College Savings Program.

- Use this section to update or replace information about yourself as the current Participant (Account owner). If you are requesting a name change, attach a copy of your court order, marriage certificate, adoption papers, divorce decree or other official documentation.
- If you want to transfer ownership of your Account to a new Participant, complete a *Supplement for Immediate Replacement of Participant* (Form C422) instead of this form.

Name of Participant (First, Middle, Last, Suffix)

Check type and enter the number.

SSN

If you are requesting a change to your SSN or TIN, attach a copy of your card.

TIN

Social Security or Taxpayer Identification Number

Birth Date (month, day, year)

Address (line 1)

Address (line 2)

City

State

Zip or Postal Code

Country (if not U.S.)

Primary Telephone Number (8:00 a.m. to 5:00 p.m.)

Alternate Telephone Number

E-mail Address

Electronic Delivery: I prefer online notification of quarterly Account statements and other communication using my e-mail address above instead of receiving paper statements and notices via standard mail.

Yes No



C 4 2 1 0 6 7 0 9

2 Successor Participant Information

Changes made in Sections 2 through 6 will be applied only to the specific Account Number entered in the Required Information section of this form. Complete a separate Agreement Supplement for each individual Account for changes that pertain to multiple Accounts.

- Use this section to change information about the current Successor Participant, to add a Successor Participant (if one was not designated in your original Enrollment Agreement form), or to replace the current Successor Participant with a new one. To request immediate succession, complete a *Supplement for Immediate Replacement of Participant* (Form C422) instead of this form.
- The Successor Participant is the individual you may designate to replace you as Participant in the event of your death or incapacity; he or she must be at least 18 years old. Until the time that a Successor Participant may take over your Account, this person is not authorized to access or make any changes to your Account.

- Check one. Delete Successor Participant.
- Update Successor Participant Information.
- Add as First-time or Replacement Successor Participant.

Name of Participant (First, Middle, Last, Suffix)

- Check type and enter the number. SSN Social Security or Taxpayer Identification Number
- TIN Social Security or Taxpayer Identification Number
- If you are requesting a change to the current Successor Participant's SSN or TIN, attach a copy of the Successor Participant's identification card.

Birth Date (month, day, year)

Telephone Number

3 Beneficiary Information

- Use this section to update information about the current Beneficiary or to replace the current Beneficiary with a new one.
- You may replace the current Beneficiary with a new one only if (i) the new Beneficiary is a Member of the Family of the replaced Beneficiary; (ii) the change in Beneficiary would not result in an Excess Contribution on behalf of the new Beneficiary; and (iii) the change does not involve an UGMA/UTMA Account. The Member of the Family criteria does not apply to a Governmental Entity or a 501(c)(3) Organization that has established a Scholarship Account without a named Beneficiary.

Note: Request for a new Beneficiary should be submitted to the Program Administrator no later than 60 days before the first date of any Withdrawal request.

- Check one. Update current Beneficiary information.
- Replace the current Beneficiary.

I designate the individual named below as Beneficiary of this Account. If updating current Beneficiary's name, attach a copy of your court order, marriage certificate, adoption papers, divorce decree, or other official documentation.

Name of Beneficiary (First, Middle, Last, Suffix)

- Check type and enter the number. SSN Social Security or Taxpayer Identification Number
- TIN Social Security or Taxpayer Identification Number
- If you are requesting a change to the current Beneficiary's SSN or TIN, attach a copy of the Beneficiary's identification card.
- Birth Date (month, day, year)

State of Residence

Expected Year of College Enrollment

Relationship to Previous Beneficiary (required if replacing the current Beneficiary.)

	Allocations of Current Assets	Allocations of Future Contributions
Individual Options		
Aggressive Stock Fund (Managed by NCM Capital Management Group, Inc.).	□ □ □ %	□ □ □ %
Dependable Income Fund (Managed by North Carolina State Treasurer).	□ □ □ %	□ □ □ %
V Fund 1 (Vanguard® LifeStrategy Growth Fund).	□ □ □ %	□ □ □ %
V Fund 2 (Vanguard LifeStrategy Moderate Growth Fund).	□ □ □ %	□ □ □ %
V Fund 3 (Vanguard LifeStrategy Conservative Growth Fund).	□ □ □ %	□ □ □ %
V Fund 4 (Vanguard LifeStrategy Income Fund).	□ □ □ %	□ □ □ %
V Fund 5 (Vanguard Prime Money Market Fund).	□ □ □ %	□ □ □ %
V Fund 6 (Vanguard Total Stock Market Index Fund).	□ □ □ %	□ □ □ %
V Fund 7 (Vanguard Total International Stock Index Fund).	□ □ □ %	□ □ □ %
V Fund 8 (Vanguard Total Bond Market Index Fund).	□ □ □ %	□ □ □ %
TOTAL of Age-Based and/or Individual Options listed in Section 5	1 0 0 %	1 0 0 %

6 Contribution Methods

A. Automatic Bank Draft

Complete this section to start, stop, or change your regular electronic Contributions from your financial institution account to your 529 Account. It may take up to 10 days to set up an automatic bank draft with your bank. To change the Investment Options to which your Contributions are allocated, use **Section 5**.

- Check one.** Start new regular automatic Contributions. *(Complete Section B.)*
 Stop current automatic Contributions. *(Your request will be processed immediately; however, it may take one draft cycle to go into effect.)*
 Change current instructions for automatic Contributions. *(Complete Section B.)*

Note: If a Contribution is not honored by your financial institution, you may be assessed a transaction fee.

Amount (\$25 minimum) \$ □ □ □ , □ □ □ . □ □

Frequency

Check one and include the day(s) on which you want funds debited.

Note: Unless you select a different schedule below, your bank account will be debited on the 20th of each month. If a debit date is scheduled for a weekend or bank holiday, the debit will occur on the next business day.

You must select a debit date that falls within the first 28 days of the month.

- Once a month on the □ □ day of the month
 Twice a month on the □ □ and □ □ days of the month

