Vermont Higher Education Investment Plan (VHEIP)

Account Services Form

Use this form to add or modify Plan Account information

Questions? Call toll-free 1-800-637-5860
P.O. Box 8101, Boston, MA 02266-8101
Visit www.vheip.com

Instructions

- You can update certain Account Owner or Beneficiary information online, by telephone, or you can mail this form to the Plan. If you choose to use this form, complete Sections 1 and 4, along with any additional sections that apply to you.
- A Signature Validation Program (SVP) Stamp[1] may be required as described in Sections 2 and 4, or if you intend to withdraw funds within 30 days of an address change**.** Please see the **Important Information** box at the end of this form for additional instructions.
- You must submit a separate *Account Services Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting *wwww.vheip.com*.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.

1 Account Information *(You must provide complete information.)*

Fund and Account Number (Provide any one from your statement.)

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply.)*

You can update select Account Owner or Beneficiary information online, by telephone or through this form, as described below.

> **Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 4.

> **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

Account Owner's Date of Birth (mm-dd-yyyy)

Beneficiary's Date of Birth (mm-dd-yyyy)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

Account Owner's Social Security Number or Tax ID Number

Beneficiary's Social Security Number or Tax ID Number

> **Address or Telephone Number:** Documentation is not required. (You can also make these changes by telephone.)

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

Day Telephone Number

Evening Telephone Number

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

[1] Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

3 Add, Change or Revoke Contingent Account Owner Information *(for Individual Accounts only)*

An Individual Account Owner can add, change or revoke Contingent Account Owner information by mailing this completed form to the Plan. Note, a Contingent Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA), or any entity account. The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien, including a Trust, and must have a Social Security or Taxpayer Identification Number. Any designation you make here may be changed at a future date.

Please check the appropriate box:

☐ **Add** a Contingent Account Owner for the first time	☐ **Change** an Existing Contingent Account Owner Designation	☐ **Revoke** a Contingent Account Owner Designation

New Contingent Account Owner Information *(Provide this information to add or change a Contingent Account Owner.)*

Name (First, MI, Last, Suffix), or Name of Trust (Foreign trusts are not eligible.)

Trustee Name (First, MI, Last, Suffix), if a Trust named above

Trustee Name (First, MI, Last, Suffix), if a Trust named above

Social Security Number or Taxpayer ID Number | *Gender (M/F)* | *Date of Birth, or Date of Trust Agreement (mm-dd-yyyy)*

4 Signature and Authorization *(This section must be signed for these changes to take effect.)*

By signing below, it is my intention to change the Account Owner, Beneficiary and/or Contingent Account Owner information as indicated on this Form.

If I have designated a Contingent Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Contingent Account Owner designation. In addition, I understand that ownership of my Account cannot be transferred to my designated Contingent Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. I will notify my Contingent Account Owner of his/her status.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below.[1])

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner *Date*

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required: (i) for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner, or (ii) if you intend to withdraw funds within 30 days of any address change. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Regular Mail

Vermont Higher Education Investment Plan
P.O. Box 8101
Boston, MA 02266-8101