

529 Plan Account Setup

1. Account owner's information

Full legal name _____

Social Security number _____

Date of Birth _____

Relationship to beneficiary _____

Residential Address _____

Home Phone _____

Driver's License Number _____ State _____ Exp Date _____

Mother's Maiden Name _____

Mailing address (if different from residential) _____

2. Beneficiary's information

Full legal name _____

Social Security Number _____ DOB _____

Mailing Address _____

3. Which initial contribution investment option was chosen (include amounts if there are more than one option) Please be specific.

Investment Option _____

4. Bank information for initial deposit. If owner wants to set up monthly withdrawals or bi-monthly withdrawals, please indicate amount.

Financial Institution Name _____

Routing Number _____

Account Number _____

Amount for Monthly Withdrawals _____

5. **Successor Owner's information (the successor will become the owner of the account upon death of original owner; the successor must be different from original owner and be over 18 years old.)**

Full legal name _____

Social Security Number _____ DOB _____

Mailing Address _____

6. **For online access, please provide your email address, username and a password.**

Email address _____

Username (8-15 characters) _____

Password (8 – 15 characters) _____

7. **The secret questions asked will be “what is your mother's maiden name” We will use the answer given above in question 1.**