



Mississippi Affordable College Savings
MACS Direct Program
Account Services Form

Use this form to add or modify Program Account information
Questions? Call toll-free 1-800-486-3670
P.O. Box 55037, Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- You may update certain Account Owner or Beneficiary information by telephone or you may mail this form to the Program.
A Signature Validation Program (SVP) Stamp1 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 on the following page.
An Individual Account Owner may add, change or revoke Contingent Account Owner information by mailing this completed form to the Program. 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.
You must complete a separate Account Services Form for each Account and/or Beneficiary.
Print in capital letters with blue or black ink, sign and date the form, then mail it to the Program at the above address.

1 Account Information (You must provide complete information.)

Grid for Fund and Program Account Number

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

Grid for Account Owner or Custodian Name

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

Grid for Beneficiary Name

Beneficiary Name (First, MI, Last, Suffix)

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

You may update certain 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.

Grid for Account Owner's New Name

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

Grid for Beneficiary's New Name

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

Grid for Account Owner's Date of Birth

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

Grid for Beneficiary's Date of Birth

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.

Grid for Account Owner's Social Security Number or Tax ID Number

Account Owner's Social Security Number or Tax ID Number

Grid for Beneficiary'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 may also make these changes by telephone.)

Grid for New Residential Address

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

Grid for New City, State, Zip

New City, State, Zip

Grid for New Mailing Address

New Mailing Address, if different from your residential address

Grid for New City, State, Zip

New City, State, Zip

Grid for Contact Number

Contact Number

Grid for E-mail Address

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

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 of this form is the appropriate person to provide instruction for this account. A notary public cannot provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

