

CUSTODIAN



✓ USE THIS FORM TO:

- Remove a Custodian.
- Rename the Custodian as the Account Holder.
- Change the Custodian.

✗ DO NOT USE THIS FORM TO:

- Change ACT Portfolios with an Account number smaller than 6655 that have an identified Purchaser and/or Alternate Beneficiaries.

This stamp indicates a signature guarantee is required.
 This paper clip indicates you may need to attach documentation.

RETURN THIS FORM TO:

Alaska 529
 P.O. Box 17302
 Baltimore, MD 21297-1302

EXPRESS MAIL ONLY:

Alaska 529
 Mail Code 17302
 4515 Painters Mill Road
 Owings Mills, MD 21117-4903

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

1 ACCOUNT INFORMATION

Account Holder		Social Security Number (SSN)
Beneficiary		SSN
Custodian/Purchaser (if applicable)		SSN
Day Phone	Evening Phone	

Account Number (REQUIRED)	Portfolio Name

For more Accounts, check this box and attach a separate page.

Check one (REQUIRED):

Account Holder/Beneficiary is 18 or older (for non-UGMA/UTMA custodial accounts) OR the terms of the original UGMA or UTMA have been satisfied (for UGMA/UTMA-funded accounts):

- Remove Custodian. Former minor becomes authorized to act on the Account as the Account Holder.
 - The Account Holder signs in Section 3B as Account Holder (former minor) in lieu of the New Account Agreement.
 - The Custodian's bank information will be removed. To add this service to the new Account, complete the *Account Services* form.
 - If the Account was funded by an UGMA/UTMA, the relinquishing Custodian must sign in Section 3A.
 - If the Account was funded by an UGMA/UTMA and the Custodian is deceased, the legal representative of the deceased Custodian's estate may provide written authorized release of the Account directly to the Account Holder without a new Custodian being named.
 - The Account Holder signs in Section 3B as Account Holder (former minor) in lieu of the New Account Agreement.
 - The Account Holder attaches the estate representative's written authorized release, as well as a certified copy of the court-issued document that appoints the executor of the estate.

- Rename the Custodian as Account Holder.
 - The Account Holder signs as the relinquishing Account Holder in Section 3A to authorize changing the Account Holder from themselves to the former Custodian.
 - The former Custodian must also sign in Section 3B. Bank information under the former Custodian's name will be carried over to the new Account.

NOTE: The Account Holder **cannot** be changed if the Account was funded by an UGMA/UTMA.

Account Holder/Beneficiary is under 18:

- Rename Custodian as Account Holder. **NOTE:** The Account Holder **cannot** be changed if the Account was funded by an UGMA/UTMA. Relinquishing Custodian must sign in Section 3A and then sign as the new Account Holder (former Custodian) in Section 3B.
- Change of Custodian
 - The notice to change the Custodian must be in writing from the current Custodian or be a valid court order appointing another person as Custodian.
 - If the Custodian is deceased (for all types of custodial accounts), the Successor Custodian takes over control of the Account. If there is no Successor Custodian named, then the person legally authorized to act on behalf of the minor Account Holder must appoint a new Custodian. Additional documentation is required as follows:
 - Submit a certified copy of the deceased owner's death certificate. Copy must have an original stamp or seal from the issuing agency.
 - Letter of instruction signed by the person legally authorized to act on behalf of the Account Holder.

2 NEW ACCOUNT HOLDER/CUSTODIAN (IF APPLICABLE)

Provide information below for the final intended new Account Holder/Custodian.

Name*		Citizenship:* <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number*	Date of Birth (mm/dd/yyyy)*		
Residential Address (cannot be a P.O. box)*			
City*	State*	ZIP Code*	
Day Phone	Evening Phone		
Email Address			
Mailing Address (if different from residential)			
City	State	ZIP Code	

***NOTE:** Required to establish the Account.



3 SIGNATURES

3A RELINQUISHING CUSTODIAN/ACCOUNT HOLDER

As the relinquishing Custodian, by signing below, I authorize T. Rowe Price, its agents and affiliates, and the Trust to act on instructions believed to be genuine and from me for the transaction authorized on this form. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Custodian. If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. This request to remove or change a Custodian is subject to the conditions set forth in the Plan Disclosure Document.

If I am a relinquishing Account Holder (former minor), I agree to allow the former Custodian to become the Account Holder. I hereby certify that the information contained on this form and in any attachments to this form is true, complete, and correct. I authorize this transaction from my Account(s) based on this information. I further certify and warrant that all signatures on this form are genuine signatures of the respective individuals or their legal guardians. I agree to indemnify and hold harmless the Trust, the Trustee, T. Rowe Price, and the University of Alaska (University) for any claims arising as a result of untrue or inaccurate information supplied by me. I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this change.

 **A signature guarantee is required if:**

- The transfer amount is \$100,000 or more.

SIGNATURE AND DATE REQUIRED

Relinquishing Custodian or Authorized Party (if applicable)	Date (mm/dd/yyyy)
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X

Print Name

Relinquishing Account Holder (former minor) (if applicable)	Date (mm/dd/yyyy)
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X

Print Name

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

MEDALLION SIGNATURE GUARANTEE—PLACE MEDALLION STAMP BELOW

3B NEW ACCOUNT HOLDER OR CUSTODIAN

I authorize this transaction and accept control over the Account(s) based on this information. **By signing this Account Agreement, I understand and hereby certify that:**

- I am applying for an Account under the Plan and consent and agree to all the terms and conditions of the Plan Disclosure Document, including all Fees and expenses, the Declaration of Trust, and Alaska 529. I acknowledge and agree that the Account Agreement and incorporated documents will govern all aspects of my participation in the Plan. I understand that I may obtain a copy of the Declaration and incorporated documents, or the Plan Disclosure Document, by calling an education savings specialist. I further acknowledge that the Account Agreement shall be construed, governed, and interpreted in accordance with the laws of the state of Alaska.
- The information in this agreement is accurate, and I agree to hold harmless the Trust, the Trustee, T. Rowe Price, and the University for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this agreement, as described in Section 6.15 of the Declaration.
- I agree that computer/phone exchange and distribution services will be activated automatically when my account is opened. If I do not want these services, I will contact T. Rowe Price to terminate these services.
- The Alaska College Savings Act requires that the name, address, and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be disclosed by the Trust or T. Rowe Price to other persons except as specified in the Declaration, such as in connection with servicing or maintaining my Account, as may be permitted or required by law (e.g., USA PATRIOT Act), or in accordance with my written consent. I hereby authorize the Trust and T. Rowe Price to disclose such information in accordance with the Privacy Policy of the Trust, as may be amended from time to time, including disclosure to regulatory agencies and authorized auditors and compliance personnel for regulatory, audit, or compliance purposes and to third parties for performance of administrative and marketing services related to the Plan or the University. The University, the Trust, and T. Rowe Price and its affiliates may in the future alert me to other University, savings, or investment programs. I understand that I may contact a T. Rowe Price education savings specialist if I do not wish to receive such information.
- If I am executing this Account Agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- If I am funding this Account with proceeds from a 529 plan account originally funded from an UGMA/UTMA account, the Beneficiary and Account Holder identified in this Agreement are the same as the minor on the original UGMA/UTMA account. If I am funding this Account from a prior 529 distribution for the same Beneficiary, there have been no other rollovers for the same Beneficiary in the previous 12 months. Any future contributions to this Account that are rollovers from a Coverdell Education Savings Account, a qualified U.S. savings bond, or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information will be provided.
- By completing this Account Agreement, I waive any present or future right to request a refund of any contribution made through the Alaska Permanent Fund Dividend (PFD).
- I understand that it is the Plan's policy to send only one copy of the Plan Disclosure Document for all Account Holders residing at the same address. I also understand that this applies to all existing Accounts and any Accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call T. Rowe Price after my Account is opened.
- I authorize T. Rowe Price, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any service authorized in this agreement, including phone and computer services. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account(s) via telephone or computer. I understand that receiving reimbursement for unauthorized activity as part of the T. Rowe Price Account Protection Program requires me to meet the eligibility terms of the Program, including following certain security best practices.



- I understand that it is my responsibility to maintain accurate records as may be required by the IRS to substantiate this change.
- The account I am opening may qualify me and my household for the Summit Program offered by Alaska 529 program manager, T. Rowe Price, as available from time to time, with program benefits determined by asset levels in qualifying accounts plus certain types of other accounts maintained by T. Rowe Price and held by myself and/or members of my household (as applicable). I understand I can go to troweprice.com/Summit to learn more about the Program, qualifying factors, benefits, householding determination, information that may be disclosed to members of the household and their agents, and how I can opt out of certain householding features.

The Account Holder (former minor) must sign here to remove the Custodian. If the former Custodian is being renamed the Account Holder, the former Custodian signs here as the new Account Holder (former Custodian). If the Custodian is changing, the new Custodian must sign here.

SIGNATURE AND DATE REQUIRED

New Account Holder or Custodian (if applicable)	Date (mm/dd/yyyy)
X	
Print Name	

