






COLLEGE SAVINGS PLAN ACCOUNT MAINTENANCE

✓ USE THIS FORM TO:

- Change your address.  
 - Send copies of statements and/or confirmations to a third party.
 - To add or change a Successor Account Holder.
-  This monitor indicates this can be done online.
 This phone indicates this can be done by phone.
 This paper clip indicates you may need to attach documentation.

RETURN THIS FORM TO: EXPRESS MAIL ONLY:

UA College Savings Plan	UA College Savings Plan
P.O. Box 17302	Mail Code 17302
Baltimore, MD 21297-1302	4515 Painters Mill Road
	Owings Mills, MD 21117-4903

1 ACCOUNT INFORMATION

Account Holder (Trust name, if applicable)	Social Security Number (Last 4 digits)
Custodian or Trustee (if applicable)	Phone
Account Number	

2 NEW CONTACT INFORMATION

Changes apply to all UA College Savings Plan Accounts with the same Account Holder. Check this box to apply the same change to the Beneficiary information for each account.

Account Number		
Residential Address (cannot be a P.O. box)*		
City*	State*	ZIP Code*
Day Phone	Evening Phone	
E-mail Address		
Mailing Address (if different from residential)		
City	State	ZIP Code

*NOTE: Required to update the account.


3 DUPLICATE STATEMENTS OR CONFIRMATIONS

To have duplicate statements and confirmations mailed to someone other than the person listed in Section 1, please provide mailing information below. To request only one option, check the appropriate box:

- Quarterly statements only Transaction confirmations only

Account Number		
Name		
Address		
City	State	ZIP Code

4 OPTIONAL SUCCESSORS

Not applicable for trust or entity Account Holders. If the Account is not a Custodial Account, you may name a successor Account Holder to take control of the Account if the Account Holder dies or becomes legally incapacitated. If the Account is a Custodial Account, you may name a successor Custodian to take control of the Account if the current Custodian dies or is declared legally incompetent prior to the Account Holder reaching the applicable age of majority. Successor information below will apply to all Beneficiaries unless you attach instructions. 

Check one: Successor Account Holder Successor 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)	



5 SIGNATURE(S)

By signing this form, I understand and hereby certify that:

- I authorize T. Rowe Price, its agents and affiliates, and the Education Trust of Alaska (Trust) to act on instructions believed to be genuine and from me for any service authorized on this form, including phone/computer services. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian and anyone who has been granted privileges for my Account(s). 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 Account information on my behalf via phone or computer.
- All services are subject to conditions set forth in the Plan Disclosure Document. I agree to indemnify and hold harmless the Trust, T. Rowe Price, and the University of Alaska for any losses arising out of any misrepresentations made by me.

All signatures on this form are genuine signatures of the respective individuals or their legal guardians.

SIGNATURE AND DATE REQUIRED

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s)	Date (mm/dd/yyyy)
X	

