Financial Advisor Change Form



INSTRUCTIONS

Questions? Please call 800-445-GRAD (4723), option #4, Monday through Friday from 8am to 6pm Central Time.

Use this form to change the financial advisor on the account or update the information on the account.

Section 1 is to be completed and signed by the financial advisor.

The Account Owner must sign Section 2 to ensure the proper signatures have been obtained to effect the changes requested.

This form can be submitted via fax to 402-431-4452 or mailed to:

LoneStar 529 Plan P.O.Box 540010 Omaha, NE 68154

1 | FINANCIAL ADVISOR INFORMATION

You must designate a financial advisor for your account. A financial advisor is any individual or entity that is appropriately licensed and who has entered into an agreement with the plan distributor to distribute interests in the plan. This term may include brokers, and financial intermediaries, such as investment advisors or banks.

O Check here if you are changing or ac Your new financial advisor must be account.			
O Check here if you are not assigning a your current financial advisor.	a new financial adviso	r but are changing/co	orrecting information for
Advisor's Firm Number	Branch Number	Advisor ID Number/CRD Number	
Financial Advisor Name (first, middle initial, last)			
Dealer/Firm Name			
Branch/Office Street Address			
Branch/Office City		Branch/Office State	Branch/Office Zip Code
Phone Number	Fax Number		
Email address			
Please select only one of the following	g:		
O I am a Financial Advisor that is comp client.	pensated through com	missions and will sele	ct Class A units for my
O I am a Registered Investment Advisorare assessed separately and not from		•	
x			
Signature of Financial Advisor			Date

ACCOUNT OWNER INFORMATION

	_	hould apply. If there are more accounts than fit in the numbers. Refer below for signature requirements.
Owner first name	Middle initial	Last name
Account number		Account number
Account number		Account number
Account number		Account number
, ,	•	and that my financial advisor will receive isor, quarterly statements and tax forms.
I understand the type of finance and I authorize the change.	ial advisor I have liste	d on my account and how they are compensated,
x Signature of Account Owner		

Please indicate the LoneStar 529 Plan® accounts to which changes will apply (please print clearly).

The LoneStar 529 Plan® ("Plan") is administered by the Texas Prepaid Higher Education Tuition Board ("Board"). Orion Advisor Solutions, Inc. is the plan manager. The Plan and the Board do not provide legal, financial, or tax advice and participants in the Plan should consult a legal, financial, or tax advisor before investing. Fees and charges for the most recent quarter are available on our website at: www.lonestar529.com/expenses.

Non-residents of Texas should consider whether their home state, or the beneficiary's home state, offers its residents any tax or other state benefits, such as financial aid, scholarship funds, and protection from creditors, that are only available for participants in that state's plan.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting www.lonestar529.com or calling 800-445-GRAD (4723), option #4. Investors should read all Plan documents carefully before investing.

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