

Important information about this form:

- Fill out this form to add or change a bank account to this DreamAhead account.
- The Account Owner or the Beneficiary must own the bank account connected to the DreamAhead account.
- You must wait 30 days from when you edit bank account information before you can make a withdrawal unless you provide a Medallion Signature Guarantee (**Step 5**).
- A Medallion Signature Guarantee is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 5**).

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-844-529-5845 or
1-844-888-2253 (TTY)

Mail the form to:

DreamAhead College
Investment Plan
P.O. Box 9661
Providence, RI 02940-9661

Overnight Mail:

DreamAhead College
Investment Plan
4400 Computer Drive
Westborough, MA 01581

Want to do this quicker?

If you signed up online, you can
make these changes from your
Account. Go to
DreamAhead.wa.gov

1 DreamAhead account information

Name of Account Owner (First and last)

____ _ - ____ - ____ _
Account Owner's Social Security or Taxpayer Identification Number

____ _ - ____ _ - ____ _
DreamAhead account number

2 Manage bank account

What type of change do you want to make?

- Update existing bank account
- Add a new bank account

3 Bank account information

To make direct deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. Please use a paper clip for the check and do not staple.

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Name on bank account

The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

Bank Account Holder Signature

(If different from DreamAhead Account Owner/Custodian)

Bank account type Checking Savings

Bank name

Bank routing number

Bank account number**Need help?**

You can find your bank information on the bottom of one of your checks here:

⑆ 0000000000 ⑆ 0000000000000000 1000

Routing Account
Number Number

4 Sign the form

By signing this form, you're confirming that the information you've provided is true for the bank account.

You must wait 30 days from when you edit bank account information before you can make a withdrawal unless you get a Medallion Signature Guarantee (**Step 5**).

If I have provided banking information in Step 3, I authorize the DreamAhead College Investment Plan to debit my bank account and to deposit such funds into my Plan account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your account(s). This includes the ability to authorize withdrawals from your accounts via telephone or through this website provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

Signature of Account Owner/Custodian/Authorized Representative
of Entity

Date (mm/dd/yyyy)

5 A Medallion Signature Guarantee

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead account.
- **Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Details Booklet**.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here