



Client Information Worksheet Custodial and 529 Plan Addendum

**Child 1:**

Name:

SSN:

DOB:

Child 2:

Name:

SSN:

DOB:

Child 3:

Name:

SSN:

DOB:

Child 4:

Name:

SSN:

DOB:

Child 5:

Name:

SSN:

DOB:

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