



**CHANGE OF ADDRESS AND/OR E-MAIL ADDRESS FORM**

- Mailing address or e-mail address changes must be submitted to *College Illinois!* in writing and be signed by the Purchaser.

Current Contract Information

Purchaser Name \_\_\_\_\_

New Address Information

Please indicate **NEW** information below:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Purchaser Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Does this change apply to:  Purchaser  Beneficiary  Both

Please indicate all accounts that are affected by this change:

**Account Number(s):**

**Beneficiary name(s):**


**Signature of Purchaser** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please mail to:** *College Illinois!*  
P.O. Box 19292  
Springfield, IL 62794-9292

**Or fax to:** *College Illinois!*  
Customer Service Dept.  
1-800-519-4652

**QUESTIONS?** Call customer service toll-free at 1-877-877-3724, option 2