

## INTENT TO ENROLL FORM

- Completion of this form is required **only if the contract Beneficiary is attending a private or out-of-state school.**
- The contract Beneficiary should complete, sign and date this form.
- Questions should be directed to Customer Service at our toll-free number, 1-877-877-3724, option 2.
- Submit to *College Illinois!*, PO Box 19292, Springfield IL 62794-9291 or Fax to 1-800-519-4652.
- Upon receipt, *College Illinois!* will send confirmation of the school selection to the contract Beneficiary. Notification of the beneficiary's intent to enroll will also be forwarded to the institution designated on this form.
- Payout rates for the upcoming academic year will be mailed to the institution once they become available mid-summer.

### Current Beneficiary Information

College Illinois! Account Number \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Beneficiary Address \_\_\_\_\_  
\_\_\_\_\_

Beneficiary Social Security Number \_\_\_\_\_

Beneficiary E-mail \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

### School Information

Private / Out-of-State School \_\_\_\_\_

City / State \_\_\_\_\_

Term / Year of Attendance \_\_\_\_\_

### Beneficiary Certification

**I certify that the information provided above is complete and accurate, and that I authorize the *College Illinois!* 529 Prepaid Tuition Plan to submit information on my behalf to the above-referenced school.**

\_\_\_\_\_  
Current Beneficiary's Signature

\_\_\_\_\_  
Date

### Important Information:

The amount paid to private and out-of-state schools will be based on the average tuition and mandatory fees per credit hour at Illinois' public institutions for the upcoming school year. Payout rates for the **current school year** are listed on our web site, collegeillinois.com.