

## CANCELLATION FORM

- The contract Purchaser should complete, sign, date and have this form notarized below.
- Cancellation fees will be deducted from the refund. Cancellation fees are not assessed for death/disability cancellations.
- 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.
- Refund checks are typically issued within 3 – 4 weeks of receiving the cancel request.

### Current Contract Information

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

Current Purchaser \_\_\_\_\_

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

Current Beneficiary \_\_\_\_\_

Please select the cancellation type:

\_\_\_ Involuntary - death or disability of beneficiary (include copy of death certificate or supporting documentation of disability).

\_\_\_ Voluntary – Reason: \_\_\_\_\_

Following is information from the *College Illinois!* 529 Prepaid Tuition Program Master Agreement regarding cancellation:

Only the Purchaser may terminate a contract and receive a refund of payments made under a contract. A Purchaser may modify or terminate a contract or request a refund without the consent or authorization of the Successor Purchaser or the Beneficiary.

In the event of a termination request prior to the third anniversary of the first payment due date of the original contract, the Purchaser shall receive a refund equal to all payments made less any applicable fees and service charges.

In the event of a termination request following the third anniversary of the first payment due date of the original contract, the Purchaser shall receive a refund equal to all payments made, less any benefits used, any refunds paid, and all applicable fees and service charges; plus two percent (2%) interest compounded annually, not to exceed the average mean-weighted credit hour value for the current school year for the number of unused credit hours on the contract.

If the Beneficiary dies or becomes disabled prior to receiving all benefits under a contract and a change of beneficiary is not requested, a lump sum refund equal to the average mean-weighted credit hour value of in-state registration fees for all Illinois public institutions in the same academic year as determined by the Commission on an annual basis multiplied by the percentage of the contract which has been paid less any benefits used, any refunds paid, and all applicable fees and service charges shall be made to the Purchaser, provided proof of death or disability is submitted in a form acceptable to the Commission.

**I certify that I am the legal contract Purchaser, and I authorize the *College Illinois!* 529 Prepaid Tuition Plan to cancel the above-referenced contract.**

\_\_\_\_\_  
Current Purchaser's Signature (Notary must witness signature)

\_\_\_\_\_  
Date

### Notary Section

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Seal or Stamp)