



CHANGE OF BENEFICIARY DUE TO DEATH

- The contract Purchaser must complete and sign this form to change the Beneficiary on the existing contract.
- Complete all sections of this form and remit with a copy of the death certificate to *College Illinois!*, P.O. Box 19292, Springfield, IL 62794-9292. Phone Customer Service, toll-free, at 1-877-877-3724, option 2, with any questions you may have.

Current Contract Information

College Illinois Account Number _____

Current Purchaser _____
Name

Current Beneficiary _____
Name

New Beneficiary Information

Name (First, Middle, Last, Suffix) _____

SSN _____

Date of Birth _____

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Telephone Number _____

Relationship to Original Beneficiary _____

Current Age/Grade in School _____

Projected College Enrollment Year _____

I certify that the new beneficiary submitted meets the criteria as specified in the Master Agreement, Article VII, 1 (a). (The new beneficiary must be a member of the extended family of the original beneficiary).

Purchaser's Signature

Date