

CHANGE OF BENEFICIARY FORM

- 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 \$15.00 fee to *College Illinois!*, PO Box 19292, Springfield, IL 62794-9292. Call Customer Service toll-free at 1-877-877-3724, option 2, with any questions.

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 Article VIII, 1 (a) of the Master Agreement.

 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)

NOTICE

Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.