

PLAN UPGRADE / DOWNGRADE FORM

- The contract Purchaser must complete the appropriate section of this form and sign in order to change an existing contract. Written confirmation will be sent when the change has been processed.
- To **add semesters to an existing plan**, the contract Purchaser must obtain an upgrade quote through Customer Service by phoning the toll-free number, 1-877-877-3724, option 2. After obtaining a price quote, complete the information required on this form and remit with the upgrade amount due to College Illinois!, PO Box 19292, Springfield, IL 62794-9292.
- To **reduce semesters covered by an existing plan**, the contract Purchaser must complete the information required on this form and remit with the \$15 plan change fee to *College Illinois!*, PO Box 19292, Springfield, IL 62794-9292.
- Each plan change is assessed a \$15 plan change fee. This fee is included in the upgrade quote provided by Customer Service. Purchasers downgrading a plan must include a check payable to *College Illinois!* for the fee along with this Plan Change Form.

Current Contract Information

College Illinois! Account Number _____

Current Purchaser _____
Name _____

Current Beneficiary _____
Name _____

Current Payment Option _____
Example: one time lump sum, annual payment, monthly payment, etc .

Plan change information

Check only one option: **Upgrade** **Downgrade**

Change from (Existing Plan):		To (New Plan):	
University	Community College	University	Community College
___ 9 semesters	___ 4 semesters	___ 9 semesters	___ 4 semesters
___ 8 semesters	___ 3 semesters	___ 8 semesters	___ 3 semesters
___ 7 semesters	___ 2 semesters	___ 7 semesters	___ 2 semesters
___ 6 semesters	___ 1 semester	___ 6 semesters	___ 1 semester
___ 5 semesters		___ 5 semesters	
___ 4 semesters		___ 4 semesters	
___ 3 semesters	___ Combination Plan (4U+4CC)	___ 3 semesters	___ Combination Plan (4U+4CC)
___ 2 semesters		___ 2 semesters	
___ 1 semester		___ 1 semester	

New Payment Option (if applicable): _____
Example: one time lump sum, annual payment, monthly payment, etc .

- I certify that I am the legal contract Purchaser, and I authorize the College Illinois! 529 Prepaid Tuition Plan to change the above-referenced contract.**
- If you participate by automatic bank draft (ACH), by signing below, you authorize College Illinois! to change your automatic deduction to reflect your new monthly payment amount.**

Purchaser's Signature _____

Date _____