



STUDENT BENEFICIARY CHANGE

Account Owner: Please use this form to change the student named on your account.

Current Account Information

Account Number _____
Account Owner _____
Current Student Beneficiary Name _____ SSN or TIN _____
Name _____ SSN or TIN _____

New Student Beneficiary Information

Name (First, Middle, Last, Suffix) _____
SSN or TIN _____
Birth Date _____
Benefit Use Year _____
Street Address/Apartment Number _____
Post Office Box Number _____
City/State/Zip Code _____
Email Address _____
Telephone Numbers _____
Home _____ Work _____ Other (Please specify type.) _____

Reason for change request _____

Please tell us the relationship between the students:

The student beneficiary receiving the units must be a family member of the student beneficiary giving the units.
(e.g. parent, grandparent, sibling, half-sibling, stepchild, niece/nephew or first cousin)

Account Owner's Signature - Required

I certify under the penalty of perjury that all the above information is true and correct.

Account Owner's Signature _____ (Notary must witness signature.) _____ Date _____

Notary Section - Required

State of _____
County of _____

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 acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____ Signature _____

(Seal or Stamp) _____ Title _____

My appointment expires _____