



Interested Party Duplicate Statement Request Form

Important information about this form:

- Use this form to authorize the Plan to send quarterly statements to an interested party.
- This form will not allow the designated interested party to make changes to your account on your behalf.
- This form must be notarized to be recognized by the Plan (**Step 1**).
- A Medallion Signature Guarantee is required for an Entity Account, and for an account where a legal representative completes the form on behalf of the Account Owner (**Step 5**). If you're submitting a Medallion Signature Guarantee, the form does not need to be notarized.
- Make sure you use black ink. Type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-866-772-8464 or
1-844-888-2253 (TTY)

Mail the form to:

Oregon College Savings Plan
P.O. Box 9651
Providence, RI 02940-9651

Overnight Mail:

Oregon College Savings Plan
4400 Computer Drive
Westborough, MA 01581

1 Oregon College Savings Plan account information

Name of Account Owner (First and last)

____ - ____ - ____ - ____ - ____
Account Owner's Social Security or Taxpayer Identification Number

OS _____

Oregon College Savings Plan account number

(for account numbers less than 11-digits, please use leading zeros)

2 Interested Party information

Name of Interested Party (First and last)

Street address 1

Street address 2

City

State

____-____-____
ZIP Code

3 Sign the form

By signing below, I acknowledge and agree to the following:

- I authorize the Plan to send quarterly statements to the interested party listed in **Step 2**.
- I understand that the statements provided to the interested party will contain the same information as the statements I receive.
- The interested party will not be able to transact on the account.
- I am responsible for keeping the interested party's address and other information up to date.
- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by the Plan.
- I will be billed \$2.50 per quarter, for duplicate statements sent to this interested party.

Signature of Account Owner/Custodian/Authorized Representative
of Entity

Date (mm/dd/yyyy)

4 Notary signature

This form must be notarized to be recognized by the Plan, unless the account listed in **Step 1** is an Entity account, or unless the form is being signed by the legal representative of the account owner. In either case, a Medallion Signature Guarantee should be provided.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this _____ day of

_____, by _____, _____, by

_____, proved to

me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature of Notary Public

My term expires: _____

Date (mm/dd/yyyy)

Notary Public (Seal)

5 A Medallion Signature Guarantee

A Medallion Signature Guarantee is required for an Entity account, and for an account where a legal representative completes the form on behalf of the Account Owner. If a Medallion Signature Guarantee is provided, this form does not need to be notarized.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Oregon College account.
- **Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Plan Disclosure Booklet**.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Signature Guarantor

Title

Name of Institution

Date (mm/dd/yyyy)

Have the Authorized Officer stamp here