



Oregon College Savings Plan Account Information Change Form

Use this form to add or modify Plan Account Information
Questions? Call toll-free 1.866.772.8464
P.O. Box 55914, Boston, MA 02205-5914
Visit OregonCollegeSavings.com

Instructions

- You can update certain Account Owner or Beneficiary information online, by telephone, or you can mail this form to the Plan.
- A Signature Validation Program (SVP) Stamp¹ may be required as described in Section 5, or if you intend to withdraw funds within 30 days of an address change. *Please see the Important Information box at the end of this form for additional instructions.*
- You must submit a separate *Account Information Change Form* for each Account and/or Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting OregonCollegeSavings.com.
- Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.

1 Account Information *(You must provide complete information.)*

Plan Account Number

Telephone Number

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply.)*

You can update certain Account Owner or Beneficiary information online, by telephone or through this form, as described below.

- Legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 5.
- Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

Account Owner's Date of Birth (mm-dd-yyyy)

Beneficiary's Date of Birth (mm-dd-yyyy)

Social Security or Taxpayer ID Number: Provide a copy of your U.S. government issued Social Security or Taxpayer ID card.

Account Owner's Social Security Number or Tax ID Number

Beneficiary's Social Security Number or Tax ID Number

Address or Telephone Number: Documentation is not required. (You can also make these changes online or by telephone.)

New Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S Patriot Act.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

Day Telephone Number

Evening Telephone Number

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

¹ Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

5 Signature and Authorization *(This section must be signed for these changes to take effect.)*

By signing below, it is my intention to change the Account Owner, Beneficiary and/or Successor Account Owner information as indicated on this Form.

If I have designated a Successor Account Owner, then I understand that this form, rather than a will or codicil, should be used to change or revoke my Successor Account Owner designation. In addition, I understand that ownership of my *Oregon College Savings Plan* Account cannot be transferred to my designated Successor Account Owner unless that individual is eligible to be an Account Owner as described in the *Disclosure Booklet*, and upon submission of an acceptable proof of death and a new *Account Application*. I will notify my Successor Account Owner of his/her status.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity

Date

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required: (i) for all entity Accounts or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner, or (ii) if you intend to withdraw funds within 30 days of any address change. Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

Note: A Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:

Oregon College Savings Plan
P.O. Box 55914
Boston, MA 02205-5914

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