



# 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](http://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) Stamp<sup>1</sup> 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](http://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.)

<sup>1</sup> 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.

### 3 Allocation Instructions for Future Contributions

Complete this section to establish or modify Allocation Instructions for future contributions as indicated below.

- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal 100%.
- The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
- These allocation instructions will not apply to payroll deduction contributions, if any.
- You can change your Allocation Instructions online, by telephone or by form at any time.

<b>Investment Portfolio Name</b> (Investment Portfolio Code)	<b>Whole Percentage</b> (per Investment Portfolio)	<b>Check if new Investment Portfolio<sup>2</sup></b>
Age-Based Portfolio	%	<input type="checkbox"/> New Portfolio
Aggressive Portfolio (2806)	%	<input type="checkbox"/> New Portfolio
Moderate Portfolio (2807)	%	<input type="checkbox"/> New Portfolio
Conservative Portfolio (2808)	%	<input type="checkbox"/> New Portfolio
Diversified US Equity Portfolio (2811)	%	<input type="checkbox"/> New Portfolio
Diversified International Equity Portfolio (2816)	%	<input type="checkbox"/> New Portfolio
Diversified Fixed Income Portfolio (2818)	%	<input type="checkbox"/> New Portfolio
Balanced Index Portfolio (2813)	%	<input type="checkbox"/> New Portfolio
US Equity Index Portfolio (2812)	%	<input type="checkbox"/> New Portfolio
International Equity Index Portfolio (2815)	%	<input type="checkbox"/> New Portfolio
Social Choice Portfolio (2819)	%	<input type="checkbox"/> New Portfolio
Diversified Inflation Protection Portfolio (2817)	%	<input type="checkbox"/> New Portfolio
Fixed Income Index Portfolio (2814)	%	<input type="checkbox"/> New Portfolio
Money Market Portfolio (2810)	%	<input type="checkbox"/> New Portfolio
Principal Plus Interest (2809)	%	<input type="checkbox"/> New Portfolio
<b>TOTAL</b>	<b>100%</b>	

**Note:** If you allocate your contributions to the Principal Plus Interest Portfolio, transfers made at a later date from the Principal Plus Interest Portfolio to the Money Market Portfolio will not be permitted.

### 4 Add, Change or Revoke Successor Account Owner Information (for Individual Accounts only)

An Individual Account Owner can add, change or revoke Successor Account Owner information by mailing this completed form to the Plan. The Successor Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner, and must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number and must be at least 18 years of age. Any designation you make here may be changed or revoked at a future date.

Note: a Successor Account Owner cannot be named for a Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) account, or any entity account.

**Please check the appropriate box:**

<input type="checkbox"/> <b>Add</b> a Successor Account Owner for the first time	<input type="checkbox"/> <b>Change</b> an Existing Successor Account Owner Designation	<input type="checkbox"/> <b>Revoke</b> a Successor Account Owner Designation
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**New Successor Account Owner Information** (Provide this information to add or change a Successor Account Owner.)

Name (First, MI, Last, Suffix)

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Social Security Number or Taxpayer ID Number

Gender (M/F)

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Date of Birth (mm-dd-yyyy)

<sup>2</sup> If a new Investment Portfolio is opened, a different portfolio number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

**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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