

**Use this form to.** 1.) Change Address, 2.) Change Phone Number, 3.) Change Name

**Instructions.**

- Please complete all sections that apply and return this form to the College Savings Plan of Nebraska, PO Box 82644, Lincoln, NE 68501. This form must be signed and dated.
- If you have any questions regarding this form, please contact the College Savings Plan of Nebraska at 1-888-993-3746.
- Address and phone changes may be made over the phone.
- In order to name a new beneficiary on this account, please use the Change of Account Owner, Successor Account Owner or Beneficiary Form (available at www.PlanForCollegeNow.com under Account Maintenance).

**Section 1. Account Information**

<p><b><u>Account Owner</u></b></p> <p>_____</p> <p>Name</p> <p>_____ - _____ - _____</p> <p>Social Security Number</p> <p>( _____ ) _____</p> <p>Phone Number</p> <p>_____</p> <p>Email</p>
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<p><b><u>Account Number(s) and Beneficiary Info</u></b></p> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Beneficiary Name</p> <p>_____ - _____ - _____</p> <p>Beneficiary Social Security Number</p> <p>_____</p> <p>Account Number</p> <p>_____</p> <p>Beneficiary Name</p> <p>_____ - _____ - _____</p> <p>Beneficiary Social Security Number</p>
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**Section 2.**       **Address Change**       **Phone Number Change**

Changes apply to the:       Account Owner       Beneficiary

<p>_____</p> <p>NEW Mailing Address      City, State      Zip</p> <p>( _____ ) _____</p> <p>NEW Phone Number</p> <p>_____</p> <p>NEW Physical Address (if mailing address is a PO Box)      City, State      Zip</p>
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**Section 3. Name Change**

- Complete this section only if the Account Owner or Beneficiary's Name has changed as a result of marriage, divorce or other reasons.
- Attach a certified copy of the applicable documents such as a marriage license, divorce decree or other applicable documents for evidence of name change.

<p>_____</p> <p>NEW      <input type="checkbox"/> Account Owner's Name      OR      <input type="checkbox"/> Beneficiary's Name (Print Clearly)</p>
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**Section 4. Authorization** I am the Account Owner of the College Savings Plan of Nebraska Account(s) listed above and hereby authorize the changes on this form. The information on this form is true and correct. I have enclosed certified copies of the required documents pertaining to name change as required by the Program Manager. I fully understand the consequences of such changes. Please allow approximately five business days for changes to be completed.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Account Owner