

**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**

Account Owner

\_\_\_\_\_

Name

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number

( \_\_\_\_\_ ) \_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

Account Number(s) and Beneficiary Info

\_\_\_\_\_

Account Number

\_\_\_\_\_

Beneficiary Name

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Social Security Number

\_\_\_\_\_

Account Number

\_\_\_\_\_

Beneficiary Name

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Beneficiary Social Security Number

**Section 2.**       Address Change       Phone Number Change

Changes apply to the:       Account Owner       Beneficiary

\_\_\_\_\_

NEW Mailing Address      City, State      Zip

( \_\_\_\_\_ ) \_\_\_\_\_

NEW Phone Number

\_\_\_\_\_

NEW Physical Address (if mailing address is a PO Box)      City, State      Zip

**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.

\_\_\_\_\_

NEW       Account Owner's Name      OR       Beneficiary's Name (Print Clearly)

**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