

CHANGE OF PURCHASER FORM

- The College Illinois!® contract Purchaser must complete, sign, date and have this form notarized to change the Purchaser for the existing contract.
- Complete all sections of this form and remit with \$15.00 fee to: College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030, or pay the
 plan change fee electronically through online account access by way of the "Account Log-In" section of our website. Call Customer
 Service toll-free at 1-877-877-3724, option 2, with any questions. Written confirmation will be sent to the newly named Purchaser when
 the change has been processed.

Current Contract Information		
College Illinois! Account Number		
Current Purchaser		
Current Beneficiary		Daytime Phone Number
New Purchaser Information		
Name (First, Middle, Last, Suffix)		
Social Security Number (or T.I.N.)	(College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting	ng.)
Street Address/PO Box/Apt. #		<u> </u>
City / State / Zip Code		
Email Address		
Daytime Telephone Number		
Signature of New Purchaser		Date
Current Purchaser's Signature		
I acknowledge that by executing this form I relinquish all rights and responsibilities of the contract to the new Purchaser.		
Signature of Current Purchaser	(Notary must witness signature)	Date
Notary Section		
I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.		
Signature of Notary		Date
		(Seal or Stamp)