

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.
- Mail completed form with \$15 fee to College Illinois!, P.O. Box 44030, Jacksonville FL 32231-4030 or submit through the Upload Documents section of online account access at collegeillinois.org. You may pay electronically through online account access. Payment is due at the time you submit this form. Written confirmation will be sent to the newly named Purchaser when the change has been processed.
- Questions should be directed to Customer Service at our toll-free number, 1-877-877-3724.

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 ap	plicable, IRS reporting.)
Street Address/PO Box/Apt. #	·	
City / State / Zip Code		
Email Address		
Daytime Telephone Number		
Signature of New Purchaser		Date
Current Purchaser's Signatu	ıre	
I acknowledge that by executing this	form I relinquish all rights and responsibilities of the contra	act to the new Purchaser.
Signature of Current Purchaser	(Notary must witness signature)	Date
Notary Section		
I certify that I know or have and said person acknowledged that mentioned in the instrument.	e satisfactory evidence that	is the person who appeared before me s/her free and voluntary act for the uses and purpose
Signature of Notary		Date
		(Seal or Stamp)