

CHANGE OF BENEFICIARY DUE TO DEATH FORM

- The College Illinois!® contract Purchaser must complete and sign this form to change the Beneficiary on the existing contract.
- Complete all sections of this form and remit with a copy of the death certificate to College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030. Written confirmation will be sent to the Purchaser when the change has been processed.
- Questions should be directed to Customer Service at our toll-free number, at 1-877-877-3724, option 2.

Current Contract Information

College Illinois! Account Number _____

Current Purchaser _____
Daytime Phone Number

Current Beneficiary _____

New Beneficiary 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.)

Date of Birth _____

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Daytime Telephone Number _____

Relationship to Original Beneficiary _____

Current Age/Grade in School _____

Projected College Enrollment Year _____

I certify that the new Beneficiary submitted meets the criteria as specified in the Disclosure Statement and Master Agreement.

Signature of Purchaser

Date

NOTICE

Purchasers who knowingly supply fraudulent documentation will be denied the opportunity to participate in the program. In the event a College Illinois! contract has been revised based upon fraudulent documentation, the contract will be terminated subject to the assessment of a termination charge up to \$500.