

CANCELLATION FORM

- The College Illinois!® contract Purchaser must complete, sign, date and have this form **notarized** below.
- Cancellation fees will be deducted from the refund. Cancellation fees are not assessed for death or disability of Beneficiary.
- Please review the Termination, Cancellation, Expiration and Refund section (Article VII) in your Disclosure Statement and Master Agreement.
- Questions should be directed to Customer Service at our toll-free number, 1-877-877-3724.
- Mail completed form to College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030, submit through the Upload Documents section of online account access at collegeillinois.org or Fax to 1-800-519-4652.
- Refunds are typically issued within 30-45 days of receiving the cancel request.
- You may wish to consult a tax advisor regarding any tax implications of a refund.

Current Contract Information

College Illinois! Account Number _____

Current Purchaser _____

Daytime Phone Number _____

Current Beneficiary _____

Please select cancellation type

_____ Voluntary – Reason: _____

_____ Involuntary - disability of beneficiary
(Must include completed Physician Certification Form, available on our Web site, collegeillinois.org to certify disability.)

_____ Involuntary - death of beneficiary
(Must include copy of death certificate.)

Only the Purchaser may terminate a contract and receive a refund of payments made under a contract. A Purchaser may modify or terminate a contract or request a refund without the consent or authorization of the Successor Purchaser or the Beneficiary.

If the Beneficiary dies or becomes disabled prior to receiving all benefits under a contract and a change of beneficiary is not requested, a lump-sum refund equal to the mean-weighted average credit hour value of in-State Registration Fees for Illinois Public Institutions (depending upon the Program Plan purchased by the Purchaser) in the same academic year as the death of the Beneficiary or in the case of a disability the date of the documented proof of the disability of the Beneficiary multiplied by the percentage of the Contract which has been paid less (A) any Benefits used; (B) any refunds paid; and (C) any applicable fees and service charges, which shall be made to the Purchaser or other individual or entity designated within 90 days of the date the Commission is notified of the death or disability, provided proof of death or disability is submitted in a form acceptable to the Commission.

I certify that I am the legal contract Purchaser, and I authorize the College Illinois! Prepaid Tuition Program to cancel the above-referenced contract.

Signature of 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)

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.