

SUCCESSOR PURCHASER FORM

- The Successor Purchaser is the person to whom the College Illinois!® contract Purchaser's rights and obligations under the Contract will be transferred in the event of the Purchaser's death. The Successor Purchaser may receive contract information during the life of the Purchaser but cannot make any changes to the contract. Please reference the program's Disclosure Statement and Master Agreement for further details about this designation.
- This form can be used by the contract Purchaser (owner) to designate a Successor Purchaser:
 - if one was not named in the past
 - to change the Successor Purchaser previously named, and/or
 - to designate a secondary Successor Purchaser
- **If a Successor Purchaser has already been named on the account, the person designated as the Successor Purchaser on this form will be designated as the secondary Successor Purchaser. If no Successor Purchaser has been named, any person named on this form will be designated as the Successor Purchaser.** Please check your account online at www.collegeillinois.org or call customer service at 1-877-877-3724, option 2, if you are uncertain of any existing designations.
- This form should be completed and mailed to College Illinois!, P.O. Box 44030, Jacksonville, FL 32231-4030 or faxed to the program at 1-800-519-4652. There is no fee for this designation.

Account Information

College Illinois! Account Number _____

Current Purchaser _____ Daytime Phone Number _____

Current Beneficiary _____

Designation

Please select one:

New Designation of Successor Purchaser

Replace existing Successor Purchaser

Designate Secondary Successor Purchaser

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.)

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Daytime Telephone Number _____

Please select one:

New Designation of Successor Purchaser

Replace existing Successor Purchaser

Designate Secondary Successor Purchaser

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.)

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Daytime Telephone Number _____

X

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.