



## Account Information Change Form

**Complete this form and return to:**

CollegeAdvantage 529 Savings Plan  
P.O. Box 932355  
Cleveland, OH 44193

**Instructions:**

Please print clearly in blue or black ink. You can use this form for the following account changes:

- Change the address of the Account Owner, Beneficiary or Successor Owner. This function is also available online when you log in to your account.
- Make a correction or change in the Account Owner or Beneficiary name due to divorce, marriage, adoption, etc.
- Provide a missing or corrected Social Security number for a Beneficiary.
- Provide a corrected date of birth for the Beneficiary.
- Add or change the Successor Owner, or provide updated information for existing Successor Owner.
- SIGNATURE REQUIRED** on last page.

### 1 Account Owner information

Account Owner name as it currently appears on file.

Account Owner's first name M.I. Last name

Account Owner's Social Security number

### 2 Information to update or change (check all that apply)

- Account Owner address
- Account Owner name
- Beneficiary Social Security number, name or date of birth
- Successor Owner

### 3 New Account Owner address

Account Owner's new mailing address (include apartment or box number, if applicable)

City State ZIP code

Email

Home phone/Cell phone Work phone

- Check here if residential address is same as mailing address. If checked, go to signature Section 7. If different, please complete below.

**New residential address (no P.O. boxes)**

Account Owner's new residential address (include apartment number if applicable)

City State ZIP code

## 4 Updated Account Owner name

If updating or changing the name of the Account Owner, provide reason for change and submit documentation supporting the legality of the change (copy of divorce papers, marriage license, driver's license, Social Security card, etc.) with this form.

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

Reason for change

Marriage     Divorce     Legal name change     Other

## 5 Updated Beneficiary information

If updating or changing the Social Security number, name or date of birth of the Beneficiary, provide reason for change and submit documentation supporting the legality of the change (copy of adoption papers, Social Security card, etc.) with this form.

\_\_\_\_\_  
CollegeAdvantage account number

Beneficiary name (as it currently appears on file)

\_\_\_\_\_  
First name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

Change or update Beneficiary name below

\_\_\_\_\_  
Beneficiary's updated first name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last name

Change or update Social Security number on file

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Old Social Security number (if existing)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
New Social Security number

Change date of birth on file

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Old date of birth currently on file (mm/dd/yyyy)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Updated date of birth (mm/dd/yyyy)

**Signature required** ➔

