

3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your CollegeAdvantage Direct Account.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, driver's license, or copy of a Social Security card.

Form for Name of Account Owner (first, middle initial, last)

Name of Account Owner (first, middle initial, last)

Form for Telephone Number

Telephone Number (In case we have a question about your Account.)

Form for Email Address

Email Address

Form for Permanent Street Address

Permanent Street Address (P.O. box or rural route number is not acceptable.)

Form for City, State, and Zip Code

City

State

Zip Code

Form for Account Mailing Address

Account Mailing Address if different from above (This address will be used as the Account's Address of Record and for all Account mailings.)

Form for City, State, and Zip Code

City

State

Zip Code

4. Beneficiary information

Complete this section to provide a missing or corrected Social Security number or Date of Birth for a Beneficiary.

- If you are changing the Beneficiary, you must submit a **Beneficiary Change Form**.
- If you are updating or changing the Beneficiary's social security number with CollegeAdvantage, you must provide a copy of the Beneficiary's Social Security card with this form.
- If you are changing the Beneficiary's name, you must provide a legal document such as a copy of a marriage certificate, court document, driver's license, or a copy of the Social Security card.

Form for Name of Beneficiary

Name of Beneficiary (first, middle initial, last)

Form for Beneficiary Street Address

Beneficiary Street Address

Form for City, State, and Zip Code

City

State

Zip Code

Form for Beneficiary Social Security Number

Beneficiary Social Security Number or Taxpayer Identification Number (Required)

Form for Beneficiary Birth Date

Beneficiary Birth Date (mm/dd/yyyy)

7. Signature— YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my CollegeAdvantage Direct Account(s). This information replaces any existing information on file with the Ohio Tuition Trust Authority. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner, I certify that the Successor Owner Social Security Number provided is correct, and that the Successor Owner is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)