



# Change of Account Owner, Successor Account Owner And/Or Beneficiary Form

1-888-993-3746  
www.PlanForCollegeNow.com  
PO Box 82644  
Lincoln, NE 68501

**Use this form to.** Change Account Owner, Change/Add a Successor Account Owner, or Change Beneficiary

**Instructions.** Please complete all sections that apply and return this form to the College Savings Plan of Nebraska PO Box 82644, Lincoln, NE 68501. This form must be signed and dated. Medallion Signature Guarantee is required for Change of Account Owner. If you have questions, please call 1-888-993-3746. Changing the Account Owner or Beneficiary of an Account may have tax consequences. Consult your tax advisor.

## Section 1. Account Information

<b><u>Account Owner:</u></b>
_____
Name
_____ - _____ - _____
Social Security Number
(_____) _____
Phone Number

<b><u>Account Number</u></b>
_____ - _____ - _____

<b><u>Beneficiary:</u></b>
_____
Name
_____ - _____ - _____
Social Security Number

## Section 2. Action To Be Taken

<input type="checkbox"/> <b><u>Change the Account Owner.</u></b> Upon completion and remittance of this form, the new Account Owner will be the only person/entity allowed to make changes and withdrawals to the account listed above. Please note, a change in Account Ownership is not permitted if this account is funded with monies from a UTMA/UGMA custodial account. The new Account Owner will receive a copy of the Enrollment Handbook upon the transfer or ownership and agrees to execute and return an Enrollment Form with this form. Medallion Signature Guarantee required.
<b><u>Circle One:</u></b> Mr. Mrs. Ms. Dr.
<b><u>Check One:</u></b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien
_____
NEW Account Owner's Name
_____ - _____ - _____
Social Security Number
_____
Street Address
_____
City, State
_____
Zip
(_____) _____
Phone Number
_____/_____/_____
Date of Birth (Month/Day/Year)
_____
Email Address
<input type="checkbox"/> <b><u>Change or Add Successor Account Owner.</u></b> The Successor Account Owner will act as Account Owner in the event of your death.
<b><u>Circle One:</u></b> Mr. Mrs. Ms. Dr.
<b><u>Check One:</u></b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien
_____
Successor Account Owner's Name
_____ - _____ - _____
Social Security Number
_____
Street Address
_____
City, State
_____
Zip
(_____) _____
Phone Number
_____/_____/_____
Date of Birth (Month/Day/Year)
_____
Email Address

