



# Oklahoma College Savings Plan

## Account Information Change Form

**Questions?** Call toll-free 1-877-654-7284  
 Or write to the Plan at P.O. Box 219249 Kansas City, MO 64121-9249  
 Visit [www.OK4saving.org](http://www.OK4saving.org)

### Instructions

- Complete this form to update Participant or Beneficiary's information, update an account address, or to add/change a Contingent Account Owner or Interested Party on your account.
- A Signature Validation Program (SVP) Stamp may be required as described in Sections 2 and 6, or if you intend to withdraw funds within 30 days of an address change. *Please see the Important Information box at the end of this form for additional instructions.*
- Print in capital letters with blue or black ink and mail to the Plan.

## 1 Account Information *(You must provide complete information.)*

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Account Number (Refer to your Account Statement)

Account Owner Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last)

Account Owner E-mail Address

## 2 Update Account Owner and/or Beneficiary Information *(Complete all sections that apply to you.)*

Please provide the new information exactly as you want it to appear on your account.

- > **Participant or Beneficiary legal name change:** Provide a Signature Validation Program (SVP) Stamp in Section 6.
- > **Misspelled name or incorrect date of birth:** Provide a copy of the birth certificate.

Account Owner's New Name (First, MI, Last, Suffix)

Beneficiary's New Name (First, MI, Last, Suffix)

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Account Owner's Date of Birth (mm-dd-yyyy)

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Beneficiary's Date of Birth (mm-dd-yyyy)

- > **Social Security or Taxpayer ID Number correction:** Provide a copy of your Social Security or Taxpayer ID card.

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Participant's Social Security Number or Tax ID Number

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Beneficiary's Social Security Number or Tax ID Number

- > **Address or Telephone Number:** Documentation is not required. (You can also make these changes online or by telephone.)

Account Owner

Beneficiary

Account Owner and Beneficiary

New Residential Address (This must be a residential street address - a P.O. Box is not acceptable.)

New City, State, Zip

New Mailing Address, if different from your residential address

New City, State, Zip

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Contact Telephone Number

E-mail Address



## 6 Signature and Authorization *(This section must be signed for these changes to take effect.)*

I certify that the information provided in this form is true, complete, and accurate in all respects. A Signature Validation Program Stamp appears below if (i) I am requesting a legal name change or (ii) I am an individual acting in a legal capacity as a representative of the Account Owner/entity Account Owner or (iii) I am changing the account address and intend to withdraw funds within the next 30 days.

\_\_\_\_\_  
*Signature of Account Owner, or Authorized Representative of an Individual or Entity Account Owner*

\_\_\_\_\_  
*Date*

### Important Information

Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer of this form is the appropriate person to provide instruction for this account. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

A Signature Validation Program (SVP) Stamp is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Plan and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a Signature Validation Program Stamp will be provided.

**Note: A Signature Validation Program Stamp is not required for individuals acting in a legal capacity as a representative for an Account Owner of an Individual Account if a *Plan Power of Attorney Form* is on file, or if a *Plan Power of Attorney Form* accompanies this form.**

Mail To:

**Overnight Mail**  
Oklahoma College Savings Plan  
430 W 7<sup>th</sup> Street Suite 219249  
Kansas City, MO 64105-1407

**Regular Mail**  
Oklahoma College Savings Plan  
P.O. Box 219249  
Kansas City, MO 64121-9249

AFFIX SVP STAMP HERE



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