



College Savings Bank Change of Beneficiary Form

Mail to:
College Savings Bank
PO Box 3769
Princeton, NJ 08543

call, e-mail or log on for assistance:
1-800-888-2723
info@collegesavings.com
http://www.collegesavings.com

Fax:
1-609-987-3760

Account Information

(Please provide account number for which beneficiary change applies)

Account Number

Account Owner or Custodian

First Name Middle Initial Last Name

Social Security Number

Joint Account Owner

First Name Middle Initial Last Name

Social Security Number

Current Designated Beneficiary

First Name Middle Initial Last Name

Social Security Number

Signature of Account Owner or Custodian

Signature Date

New Beneficiary Information

First Name Middle Last Name

Street Address

City State Zip Code

Mailing Address (if different)

City State Zip Code

Social Security Number Date of Birth

Current Grade Year Beneficiary Will Enter College

Relationship to Current Beneficiary*

Telephone Number

* To avoid tax consequences, the new beneficiary should be a "member of the family" of the current beneficiary within the meaning of the IRS Code Section 529. See the Plan Disclosure Statement for details. UGMA/UTMA accounts cannot accept a change of beneficiary.

Beneficiary Change Amount

Entire Balance
 Partial \$ _____

Signature of Joint Account Owner

(Required on joint accounts)

Signature Date

By signing above I certify that I am the Account Owner (and Joint Account Owner if applicable) and that all the information provided on this form is true and accurate. I assume full responsibility for this change and I agree to hold College Savings Bank harmless from any adverse consequences incurred from acting on these instructions. I further certify under penalty of perjury that the Social Security Numbers set forth above are correct and that all the information provided on this form is true and accurate.