



**CollegeInvest Smart Choice College Savings Plan<sup>SM</sup>**  
**A 529 Savings Plan**

**Beneficiary Change Form**

Use this form to change the Beneficiary of this account to another individual who is a member of the family of the current Beneficiary.

**Account Information (Please Print)**

ACCOUNT NUMBER	
ACCOUNT OWNER NAME	ACCOUNT OWNER SOCIAL SECURITY OR TAX ID NUMBER
CURRENT BENEFICIARY NAME	CURRENT BENEFICIARY SOCIAL SECURITY OR TAX ID NUMBER

**New Beneficiary Information**

I wish to change the designated Beneficiary on these funds to the new individual named below.

- ◆ I certify that the new Beneficiary is a member of the family of the current Beneficiary.
- ◆ I certify that no amounts in this account have been transferred from a Uniform Gift/Transfer to Minors Act (UGMA/UTMA) Custodial Account. If such transfer(s) have occurred, I understand that I cannot name a new Student or make non-qualified distributions other than for the benefit of the original Student.

NEW BENEFICIARY NAME (FIRST, MIDDLE INITIAL, LAST)	DATE OF BIRTH	SOCIAL SECURITY OR TAX ID NUMBER
NEW BENEFICIARY ADDRESS NUMBER AND STREET		
ADDRESS CONTINUED		
CITY, STATE, ZIP CODE		
NEW BENEFICIARY HOME PHONE	NEW BENEFICIARY CELL PHONE	
RELATIONSHIP BETWEEN CURRENT AND NEW BENEFICIARY (e.g. brother, sister, etc.)		

**Authorization**

By signing below, I certify that I have received, read and agree to the terms and conditions of the Plan Disclosure Statement. I understand that the terms will apply to the account held for the new Beneficiary.

**SIGNATURE:**

\_\_\_\_\_  
Account Owner

**DATE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Smart Choice College Savings Plans are not insured by CollegeInvest, the State of Colorado, or its agencies. However, these funds are FDIC insured in accordance with the current FDIC coverage limits.

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