

CollegeInvest Matching Grant Program

Participant and/or Beneficiary Information Change Form

Complete this form to change you or your beneficiary's name, address, email or phone number on your Matching Grant Account established for your beneficiary. For assistance, Please call (800) 448-2424 or email matchinggrantprogram@collegeinvest.org.

Current Information (Please Print)

Participant Information

Matching Grant Account #: _____

Participant Name: _____

Participant Address: _____

Participant Phone Number: _____

Participant Email: _____

Beneficiary Information:

Current Beneficiary Name: _____

New Information (Please Print)

Participant New Information

**Participant Name: _____

Participant Address: _____

Participant Phone Number: _____

Participant Email: _____

Beneficiary New Information:

**Beneficiary Name: _____

(**Note: If you are changing a participant or beneficiary's name please attach supporting documentation.**)

Signature Required

By signing below, I certify that I am requesting the above changes for the Matching Grant Program account that was set up for my beneficiary.

Participant's signature: _____ Date: _____

Please return this form to CollegeInvest, Matching Grant Program, 1600 Broadway, Suite 2300, Denver, CO 80202 or email to matchinggrantprogram@collegeinvest.org or fax to 303-296-4811. For questions please call 800-448-2424 or email matchinggrantprogram@collegeinvest.org