IDeal – Idaho College Savings Program Account Information Change Form



- The following can be changed online or by completing this form: mailing address, phone number, email address, successor account
 owner, or interested party information.
- Complete this form to change your name. If you are changing your name, your former signature and your new signature must be guaranteed in **Section 7** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the account owner of an existing account, the new account owner must attach an Enrollment Form.
- Print clearly, preferably in capital letters and black ink. Do not staple.

Forms can be downloaded from our website at **www.idsaves.org**, or you can call us to order any form – or request assistance in completing this form – at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form in the enclosed postage-paid envelope, or mail to:

IDeal – Idaho College Savings Program P.O. Box 219944 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

IDeal – Idaho College Savings Program 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Current Account Owner Information 1. Account Number(s) (To list more than three accounts, use a separate sheet) Social Security Number or Taxpayer Identification Number (Required) Name of Account Owner (first, middle initial, last) Daytime Telephone Number Evening **Telephone Number** Permanent Street Address (A P.O. box or rural route number is not acceptable.) City State Zip I D F 0 С Ν Н 1

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Social Security Number or Taxpayer Identification Number (*Required*)

Birth Date/Trust Date (mm/dd/yyyy)

DO NOT STAPLE



City	State Zip
Daytime Telephone Number	Relationship to Account Owner

4. Successor Account Owner Information (If applicable)

You may revoke or change the successor account owner at any time. See the IDeal Highlights Booklet and Disclosure Statement for



6.

Signature — **YOU MUST SIGN BELOW** *However, if you are changing your name, skip this section and complete* **Section 7** *instead.*

I certify that the information provided herein is true and complete in all respects.

► SIGNATURE		Signature of Account Owner	Date	(mm,	/dd,	///////////////////////////////////////	(y)				
	>	SIGNATURE]-[]-[

Signature Guarantee – REQUIRED FOR NAME CHANGES ONLY

- You must provide the following information as underwritten certification that your new signature is genuine.
- You can obtain a signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.
- Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.

I certify that the information provided herein is true and complete in all respects.

SIGNATURE	
Former Signature of Account Owner	Date (mm/dd/yyyy)
► SIGNATURE	
New Signature of Account Owner	Date (mm/dd/yyyy)
SIGNATURE	
Signature of Guarantor	Authorized Officer to Place Stamp Here
Title/Name of Institution	
Date (<i>mm/dd/yyyy</i>)	