

Ideal – Idaho College Savings Program Profile Change Form



- Use this form to change: your name, address, phone number, email address, Successor Account Owner, Beneficiary Information, Interested Party information or Trusted Contact Person information. If you are changing the Account Owner or Beneficiary of an existing account, you must complete the **Transfer Form**.
- If you are changing the address on your Account, a hold will be placed on the issuance of any withdrawal until 20 Business Days have passed.
- If you are changing your name you must provide either a legal document such as a copy of a Marriage Certificate, court document, or copy of a Social Security card; or have your former signature and your new signature Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at www.idsaves.org or you can call us to request any form or for assistance in completing this form – at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.

1.866.433.2533
Monday to Friday 6 a.m. - 6 p.m. MT

www.idsaves.org

Regular mailing address:
IDEal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

Overnight mailing address:
IDEal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Current Account Owner Information

<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>
<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>
<input type="text"/>	–	<input type="text"/>	<input type="text"/>	–	<input type="text"/>

Account Number(s) (To list more than six Accounts, use a separate sheet.)

<input type="text"/>	<input type="text"/>
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Account Owner (First name)

(M.I.)

<input type="text"/>

Account Owners (Last name)

<input type="text"/>	–	<input type="text"/>	–	<input type="text"/>
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Telephone Number

2. Information to Update or Change

- Account Owner — Section 3**
- Beneficiary — Section 4**
- Successor Account Owner — Section 5**
- Interested Party — Section 6**
- Trusted Contact Person — Section 7**



8. Signature — YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my IDeal Account(s). This information replaces any existing information on file with IDeal. I certify the information contained herein is true and correct, and supporting documentation is attached if required.

▶ SIGNATURE
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
Date (mm/dd/yyyy)

9. Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES ONLY

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. *A notary public cannot provide a Medallion 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.**

SIGNATURE
Signature of Former Account Owner (In the presence of the authorized officer.)

□□ — □□ — □□□□
Date (mm/dd/yyyy)

SIGNATURE
Signature of New Account Owner

□□ — □□ — □□□□
Date (mm/dd/yyyy)

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□
Date (mm-dd-yyyy)

Authorized Officer to place stamp here