

Important information about this form:

- Fill out this form to change the Beneficiary's residential address or the mailing address on the account.
- Submit a separate form for each unique address change.
- All account communications and statements are sent to the mailing address on file.
- You must wait 15 days from when you make an address change before you can make a check withdrawal unless you provide a notarization acknowledgement (**Step 5**).
- A notarization acknowledgement is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 5**).

Need help?

Give us a call Monday – Friday
from 6am – 5pm PT at
1-866-772-8464

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Oregon College Savings Plan
P.O. Box 534440
Pittsburgh, PA 15253- 4440

Overnight Mail:

Oregon College Savings Plan
Attention: 534440
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax

833-286-8172

1 Account information

Name of Account Owner (First and last)

____ - ____ - ____ - ____ - ____
Account Owner's Social Security or Taxpayer Identification Number

Account number
(Your account number may be 12 or 13 digits)

2 Which addresses do you want to change?

(Select all that apply if the addresses are the same)

- Beneficiary's residential address
- Mailing address

3 New address

If you're updating the Beneficiary's address, it cannot be a PO Box.

Street address 1

Street address 2

City

State

____ - ____ - ____ - ____ - ____
ZIP Code

____ - ____ - ____ - ____ - ____
Telephone number

4 Sign the form

By signing this form, you're confirming the information provided is true for the change of address.

You must wait 15 days from when you make an address change before you can make a check withdrawal to this address unless you provide a notarization acknowledgement (**Step 5**).

Signature of Account Owner/Custodian/Authorized Representative
of Entity

Date (mm/dd/yyyy)

5 Notarization acknowledgement (optional)

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____.

Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

State of _____, County of _____

This instrument was acknowledged before me

physical presence online notarization

on _____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: _____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public