

## Important information about this form:

- Fill out this form to change the name of the Account Owner/Custodian or Beneficiary.
- A separate form should be submitted for each individual listed on the account who is changing their name.
- A notarization acknowledgement is required for the Account Owner's change of name in **Step 4**.
- If the change of name is for the person who owns a bank account connected to the Oregon College Savings Plan account, you might need to update that bank account information as well.
- 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 4**).

## 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 Name change

Who is this change of name for? (Select one)

- Account Owner/Custodian  
(A notarization acknowledgement is required to change the Account Owner's name in **Step 4**)
- Beneficiary

\_\_\_\_\_  
Old name (First and last)

\_\_\_\_\_  
New name (First and last)

Reason for change:  Marriage  Divorce  Other: \_\_\_\_\_

## 3 Sign the form

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

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative  
of Entity

\_\_\_\_\_  
Date (mm/dd/yyyy)

## 4 Notarization acknowledgement

**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