



# Interested Party Duplicate Statement Request Form

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## Important information about this form:

- Use this form to authorize the Plan to send quarterly statements to an interested party.
- This form will not allow the designated interested party to make changes to your account on your behalf.
- This form must be notarized to be recognized by the Plan (**Step 4**).
- Make sure you use black ink. Type or print clearly in capital letters.

## 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 Interested Party information

\_\_\_\_\_  
Name of Interested Party (First and last)

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ZIP Code

## 3 Sign the form

By signing below, I acknowledge and agree to the following:

- I authorize the Plan to send quarterly statements to the interested party listed in **Step 2**.
- I understand that the statements provided to the interested party will contain the same information as the statements I receive.
- The interested party will not be able to transact on the account.
- I am responsible for keeping the interested party's address and other information up to date.
- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by the Plan.
- I will be billed \$2.50 per quarter, for duplicate statements sent to this interested party.

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

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

## 4 Notary signature

This form must be notarized to be recognized by the Plan.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me

physical presence     online notarization

on this \_\_\_\_\_ day of

\_\_\_\_\_, by \_\_\_\_\_, \_\_\_\_\_, by

\_\_\_\_\_, proved to

me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

\_\_\_\_\_  
Signature of Notary Public

My term expires: \_\_\_\_\_

**Date** (mm/dd/yyyy)

<b>Notary Public (Seal)</b>
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