

**Important information about this form:**

- Fill out this form to add or change a bank account to this Oregon College Savings Plan account.
- The Account Owner or the Beneficiary must own the bank account connected to the Oregon College Savings Plan account.
- You must wait 10 days from when you edit bank account information before you can make a withdrawal unless you provide a notary signature (**Step 5**).
- A notary signature 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 (May be 12 or 13 digits)

## 2 Manage bank account

What type of change do you want to make?

- Update existing bank account
- Add a new bank account

## 3 Bank account information

To make direct deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. Please use a paper clip for the check and do not staple.

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

\_\_\_\_\_  
Name on bank account

The Account Owner/Custodian or Beneficiary must own the bank account connected to the Plan account.

\_\_\_\_\_  
Bank Account Holder Signature

(If different from Plan Account Owner/Custodian)

Bank account type     Checking     Savings

\_\_\_\_\_  
Bank name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Bank routing number

\_\_\_\_\_  
Bank account number

### Need help?

You can find your bank information on the bottom of one of your checks here:

⋮:0000000000⋮ 000000000000⋮ 1000

Routing  
Number

Account  
Number

## 4 Sign the form

By signing this form, you're confirming that the information you've provided is true for the bank account.

You must wait 10 days from when you edit bank account information before you can make a withdrawal unless you get a notarization acknowledgement (**Step 5**).

If I have provided banking information in **Step 3**, I authorize the Plan to debit my bank account and to deposit such funds into my Plan account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your account(s). This includes the ability to authorize withdrawals from your accounts via telephone or through this website provided your banking information has been on file for a minimum of 10 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

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Signature of Account Owner/Custodian/Authorized Representative  
of Entity

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Date (mm/dd/yyyy)

## 5 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