## **CollegeInvest Matching Grant Program Participant and/or Beneficiary Information Change Form**

Complete this form to change you or your beneficiary's name, address, email or phone number on your Matching Grant Account established for your beneficiary. For assistance, Please call (800) 448-2424 or email matchinggrantprogram@collegeinvest.org.

<b>Current Information (Please Print)</b>	
Participant Information	
Matching Grant Account #:	
Participant Name:	
Participant Address:	
Participant Phone Number:	
Participant Email:	
Beneficiary Information:	
Current Beneficiary Name:	
New Information (Please Print)	
Participant New Information	
**Participant Name:	
Participant Address:	
Participant Phone Number:	
Participant Email:	
Beneficiary New Information:  **Beneficiary Name:	
(**Note: If you are changing a participant or bend documentation.**)	eficiary's name please attach supporting
Signature Required	
By signing below, I certify that I am requesting the	ne above changes for the Matching Grant
Program account that was set up for my beneficia	ry.
Participant's signature:	Date: