

Account Successor Form

As the Account Owner, you may designate an individual other than the Beneficiary/Student to assume all rights and responsibilities of an Account in the event of your death, legal incompetence or if you cannot be located by CollegelInvest. To exercise this option, complete, sign and return this form to: CollegelInvest, 1600 Broadway, Suite 2300, Denver, CO 80202.

For assistance, please call (800) 448-2424 or email general@collegeinvest.org.

Account Information:		(Please Print)	
Account Owner's Name		Account Number	
Established for the benefit of:			
Beneficiary's Name		Beneficiary's Social Security Number	

As the Account Owner, I hereby direct that in the event of my death, legal incompetence or if I cannot be located, all of my rights as the Account Owner will be transferred to, and all my obligations as Account Owner will be assumed by, the individual indicated below:

Please check box if this form is completed to replace an already existing Account Successor

Designation of Account Successor:			(Please Print)		
Name of Successor			Social Security Number		
Date of Birth			Phone Number		
Home Address			City		
State	Zip	Email			

This instruction is intended to become part of my existing Account, and to supersede any contrary provisions of the Plan Disclosure Statement applied to my Account. I understand there may be potential tax and other financial consequences as a result of my rights and obligations being transferred to another Owner. CollegelInvest has recommended that I consult my tax and other advisors as to any such consequences.

Account Owner's Signature	Date
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Return the completed form to: CollegelInvest, 1600 Broadway, Suite 2300, Denver, CO 80202