



# Change of Beneficiary Form

Use this form to change the Beneficiary on your Account. Capitalized terms not otherwise defined have the same meaning as those terms contained in the Arizona Family College Savings Program (AFCSP) Disclosure Statement (Disclosure Statement). If you have an ACH Plan, contributions to your new Account will continue as originally directed. If you transfer less than the entire balance of your Account, you may be required to redeem a CD prior to its Maturity Date. This may result in Early Withdrawal Penalties. Forms can be downloaded from our website at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona), or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

**AFCSP**  
**c/o College Savings Bank**  
**PO Box 3769**  
**Princeton, NJ 08543**

For overnight or registered mail, send to:

**AFCSP**  
**c/o College Savings Bank**  
**5 Vaughn Drive, Suite 100**  
**Princeton, NJ 08540**

## 1. Current Account Information

Account Number

Account Owner First Name MI Last Name Social Security Number

Current Beneficiary's First Name MI Last Name Social Security Number

## 2. New Beneficiary

First Name MI Last Name Date of Birth

Street Address

City State Zip Code

Mailing Address  Check if same as street address

Social Security Number Current Grade Year Beneficiary Will Enter College

Relationship to Current Beneficiary\* Telephone Number

\*To avoid adverse tax consequences, the new Beneficiary must be a "Member of the Family" of the current Beneficiary as defined in the AFCSP Disclosure Statement. If the new Beneficiary is not a Member of the Family of the current Beneficiary, the change will be considered a Non-Qualified Distribution, which means that it may be subject to both Arizona State and Federal Income tax and the Distribution Tax on any earnings. Accounts holding UGMA/UTMA assets cannot accept a change of Beneficiary.

**3. Amount** Entire Balance Partial Balance

\$

Amount

Do you already have an Account for the new Beneficiary?

 Yes

Account Number

 No (Complete an Enrollment Form for the new Beneficiary and submit with this request.)**4. Signature****By signing below, I hereby apply for an Account in AFCSP. I certify that:**

- I/we have received, read, and understand, consent and agree to the terms and conditions of the Disclosure Statement. I/we understand that this Change of Beneficiary Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Arizona.
- Except as set forth below, I/we understand that the Disclosure Statement, Enrollment Form and Change of Beneficiary Form constitute the entire agreement between myself and the Authority. No person is authorized to make an oral modification to this agreement.
- I/we understand that my Account in AFCSP is not insured by the State of Arizona or any other governmental entity and neither the principal I/we contribute nor the investment return is guaranteed by the Plan Officials. Notwithstanding the foregoing, the AFCSP CD(s) in which my Account invests are insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC.
- I/we understand that I/we cannot make contributions that exceed the Maximum Account Balance established by AFCSP. I/we also understand that, for purposes of determining the Maximum Account Balance, contributions to my Account will be combined with contributions to any other State of Arizona offered 529 plan account held for the benefit of the Beneficiary designated in Section 2 of this Change of Beneficiary Form. I/we understand that if a contribution is made to my Account that exceeds the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor, as applicable. I/we understand that this may be considered a Non-Qualified Distribution and may result in Early Termination Penalties.
- I/we certify that all of the information that I/we provided on this Change of Beneficiary Form is accurate and complete and that I/we are bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern AFCSP.

Signature of Account Owner

Date

Signature of Joint Account Owner

Date