

Contract Owner: Please use this form to convert your plan and/or payment option on your existing contract. Please review our contract amendment and conversion policy before you complete this form. A copy of the contract amendment and conversion policy is listed in the Master Agreement on our website NVPrepaid.gov.

Current Contract Information

Contract Number _____

Purchaser _____ Last 4 SSN _____

Student Beneficiary _____

Address _____

City/State/Zip Code _____

Email Address _____

Telephone HM (____) _____ WK _____ Cell (____) _____

Current Plan _____ Current Payment Option _____

Please Choose New Plan

____ 4 Year University Plan

____ 2 Year University Plan (Not available for plans purchased before 2000 Enrollment)

____ 1 Year University Plan (Not available for plans purchased before 2010 Enrollment)

____ 2 Year Community College Plan

____ 2 Year Community College/2 Year University Plan

Please Choose Payment Option (not applicable in some cases)

____ Lump Sum Payment (not available after 1st payment due date of new enrollees unless currently on a lump sum and upgrading plan only)

____ 5 Year Payment Option (not available after the 5th year of making payments)

____ Extended Monthly

Purchaser's Signature _____ Date _____

Note: Conversion from one plan or payment option to another will likely have Contract price implications to the Purchaser. The Program will determine the change in Total Contract Price and any additional required Program fees necessary to maintain the actuarial soundness of the Trust fund. All Program Fees will be deducted prior to a Qualified or Non-Qualified Refund being issued.

Please send the completed form to the address below.
Confirmation will be mailed to the purchaser upon completion of the contract changes.

