

CHANGE OF BENEFICIARY FORM

CONTRACT NUMBER: _____ PURCHASER'S NAME: _____

ORIGINAL BENEFICIARY: _____ HS GRADUATION YEAR _____

Type of Change

- ☐ Without Usage (No benefits have been disbursed against the contract yet)
- ☐ With usage – (Some of the contract benefits have been disbursed for the current beneficiary.) Note: New beneficiary must use within the 6-year time limit of the original beneficiary if contract has usage. No expiration date extensions will be granted for new beneficiary. A beneficiary may have multiple contracts but cannot exceed 120 credit hours amongst all contracts.

Reason for Transfer, Current Beneficiary

- ☐ Deceased (Fee waived with certificate) ☐ Not Attending Higher Education ☐ Received Scholarship
- ☐ Graduated College and Has Remaining Credits ☐ Other (please specify) _____
- ☐ **Check this box to certify that the new qualified beneficiary is younger or no more than 3 years older than the current beneficiary and A FAMILY MEMBER PER THE CRITERIA AS SPECIFIED IN THE MASTER AGREEMENT.**

New Beneficiary Information

NEW BENEFICIARY NAME: _____ SSN: _____

ADDRESS: _____ County: _____

PHONE # _____ BIRTHDATE: _____ SEX: ☐ MALE ☐ FEMALE

EMAIL: _____

RELATIONSHIP TO ORIGINAL BENEFICIARY: _____ PROJECTED COLLEGE ENROLLMENT YEAR: _____

TO AUTHORIZE THIS CHANGE OF BENEFICIARY, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.

Purchaser's Signature

Date

State of _____ County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes in the instrument.

Notary Signature _____ Date _____

My Appointment Expires _____

(stamp or seal)

PLEASE SEND THE COMPLETED FORM AND THE \$20.00 CHANGE OF BENEFICIARY FEE TO THE ADDRESS BELOW. CONFIRMATION WILL BE MAILED TO THE PURCHASER UPON COMPLETION OF THE CHANGE.

Nevada Prepaid Tuition Program
1 State of Nevada Way - 4th Floor
Las Vegas, NV 89119
1-888-477-2667
702-486-2025
702-486-3246(fax)
NVPrepaid.gov

Zach Conine
State Treasurer

