NEVADA PREPAID TUITION

CHANGE OF PURCHASER FORM

CONTRACT NUMBER: _____

CURRENT PURCHASER'S NAME: _____

BENEFICIARY'S NAME: _____

PLEASE PROVIDE REASON FOR REQUEST: _____

IF ORIGINAL PURCHASER IS DECEASED, PLEASE ATTACH DEATH CERTIFICATE AND THE CHANGE OF PURCHASER FEE IS WAIVED.

THE FOLLOWING INFORMATION IS REQUIRED FOR THE NEW PURCHASER:

NEW PURCHASER'S NAME:_____SSN:_____

SIGNATURE: _____DATE:_____

ADDRESS: _____

_____COUNTY:_____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL:_____

NOTICE

I ACKNOWLEDGE THAT BY EXECUTING THIS FORM I RELINQUESH ALL MY RIGHTS AND RESPONSIBILITIES OF THE MASTER AGREEMENT TO THE NEW PURCHASER.

TO AUTHORIZE THIS CHANGE, PLEASE SIGN IN FRONT OF A NOTARY THIS COMPLETED FORM.

_____ _____

Current Purchaser's Signature Date

_____

Notary Public's Signature

Notary Seal

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

Nevada Prepaid Tuition Program
1 State of Nevada Way - 4th Floor
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1-888-477-2667
702-486-2025
702-486-3246(fax)
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Zach Conine
State Treasurer