

CONTRACT CONVERSION REQUEST FORM

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	railable for plans purchased before 2000 Enrollment)	
1 Year University Plan (Not	railable for plans purchased before 2010 Enrollment)	
2 Year Community College F	an	
2 Year Community College/	Year University Plan	
Please Choose Payment Option	(not applicable in some cases)	
	lable after 1st payment due date of new enrollees unless currently	
5 Year Payment Option (not	vailable after the 5 th year of making payments)	
Extended Monthly		
Purchaser's Signature	Date	
	nent option to another will likely have Contract price implications to the Purchase tal Contract Price and any additional required Program fees necessary to mainta	

Please send the completed form to the address below.

Confirmation will be mailed to the purchaser upon completion of the contract changes.

actuarial soundness of the Trust fund. All Program Fees will be deducted prior to a Qualified or Non-Qualified Refund being issued.

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)
PrepaidTuition@NevadaTreasurer.gov

Zach Conine State Treasurer

