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 OF PURCHASER, PLEASE SIGN THIS COMPLETED FORM IN THE PRESENCE OF A NOTARY.

_____ _____

Current 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 Public's Signature Date

My Appointment Expires_____

Notary Stamp or 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, Suite 410
Las Vegas, NV 89119
702-486-2025 or 1-888-477-2667
702-486-3246 (fax)
PrepaidTuition@NevadaTreasurer.gov
NVPrepaid.gov

Zach Conine
State Treasurer