

# Change of Address Form

Address changes will apply to all of your Accounts with matching information. Forms can be downloaded from our website at [www.collegechoicecd.com](http://www.collegechoicecd.com), or you can call us to order any form—or request assistance in completing this form—at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

Mail or Fax this form and any other required documents to:

- **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

## 1. Account Information

Account Number		
Account Owner or Custodian First Name	MI	Last Name

## 2. Previous Address

Street Address		
City	State	Zip Code

## 3. New Address

Street Address		
City	State	Zip Code
Mailing Address <input type="checkbox"/> Check if same as street address		
Telephone Number	Business Telephone	Email

## 4. Signature

By signing below I/we certify that I/we are the Account Owner(s) and that all the information provided on this form is true and accurate. I/we assume full responsibility for this change and I/we agree to hold CollegeChoice CD harmless from any adverse consequences incurred from acting on these instructions.

Signature of Account Owner or Custodian	Date
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