

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, 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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