



Vermont Higher Education Investment Plan (VHEIP) Account Services Form

Return to: PO BOX 44002, Jacksonville, FL 32231
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256

- ▶ Complete this form to (1) update Account Owner and Beneficiary demographic information, including name, address and other demographics and (2) add, change or remove Contingent Account Owner Information.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ To change the Account Owner, you must complete the Account Owner Change Form.
- ▶ To change the Beneficiary, you must complete the Beneficiary Change Form.
- ▶ **Complete a separate form for each account.**
- ▶ **Questions?** Visit www.vheip.org or call us at 1-800-637-5860.

1. ACCOUNT INFORMATION

Account Number <i>(Required)</i>	Account Owner, Custodian, or Entity Name <i>(First, MI, Last, Suffix)</i>	
Account Owner Last 4 Social Security Number or Taxpayer Identification Number <i>(Required)</i>	Primary Phone Number	Alternate Phone Number
Beneficiary Name <i>(First, MI, Last, Suffix)</i>		

2. INFORMATION TO UPDATE *(Check all that apply.)*

Account Owner Demographics –
Section 3

Beneficiary Demographics –
Section 4

Contingent Account Owner –
Section 5

3. UPDATE ACCOUNT OWNER INFORMATION

Please provide updated information for all that apply.

- ▶ For a **legal name change**, you must provide legal documents certifying your name change.
- ▶ For a **misspelled name or incorrect date of birth**, you must provide a copy of the birth certificate.
- ▶ For **corrections to a Social Security Number or Taxpayer Identification Number**, you must provide a copy of your U.S. government-issued Social Security or Taxpayer ID card.

Corrected or Legally Changed Name <i>(First, MI, Last, Suffix)</i>	Corrected Social Security Number or Taxpayer Identification Number	Corrected Date of Birth <i>(mm/dd/yyyy)</i>		
New Permanent Address <i>(This must be a street address; a PO Box cannot be accepted.)</i>	City	State	Zip Code	
New Mailing Address <i>(If different from above.)</i>	City	State	Zip Code	

New Country

(If Mailing Address is a foreign address.)

New Primary Telephone

**Cell Phone
Land Line**

New Alternate Telephone

**Cell Phone
Land Line**

New Email Address

4. UPDATE BENEFICIARY INFORMATION

Please provide updated information for all that apply.

- ▶ For a **legal name change**, you must provide legal documents certifying your name change.
- ▶ For a **misspelled name or incorrect date of birth**, you must provide a copy of the birth certificate.
- ▶ For **corrections to a Social Security Number or Taxpayer Identification Number**, you must provide a copy of your U.S. government-issued Social Security or Taxpayer ID card.

Corrected or Legally Changed Name *(First, MI, Last, Suffix)*

**Corrected Social Security Number or
Taxpayer Identification Number**

Corrected Date of Birth
(mm/dd/yyyy)

New Mailing Address *(This must be a street address; a PO Box cannot be accepted.)*

City

State

Zip Code

New Country *(If Mailing Address is a foreign address.)*

5. ADD, CHANGE OR REMOVE CONTINGENT ACCOUNT OWNER INFORMATION

- ▶ A Contingent Account Owner **cannot** be named for UGMA/UTMA or Entity accounts.
- ▶ The Contingent Account Owner may only be designated for individual Account Owners.
- ▶ Any designation made here can be changed or revoked at a future date.
- ▶ When adding a Trust as a Contingent Account Owner, a copy of the first and last pages of the Trust agreement must be submitted along with this form.

Please select one of the following options:

Add a Contingent Account Owner for the first time.

Change an existing Contingent Account Owner designation.

Remove a Contingent Account Owner designation.

Provide the information below if you are **adding** or **changing** a Contingent Account Owner.

Name *(First, MI, Last, Suffix)* or **Name of Trust** *(Foreign Trusts are not eligible)*

**Social Security Number or Taxpayer
Identification Number**

Trustee Name *(First, MI, Last, Suffix)*

Date of Birth *(mm/dd/yyyy)*
or **Date of Trust Agreement**

6. SIGNATURE & AUTHORIZATION *(This section must be signed.)*

By signing below, I am agreeing to the terms and conditions set forth below and in the Disclosure Booklet and Participation Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to make changes to my VHEIP account profile as reflected in this form. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information.

I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Signature of Account Owner, Custodian or Authorized Representative of an Individual
or Entity Account Owner

Date

7. SIGNATURE GUARANTEE – REQUIRED FOR NAME CHANGES ONLY

- ▶ If you are changing your name, your former signature and your new signature must be guaranteed.
- ▶ Authorized officers of certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange may provide a signature guarantee. A notary public **cannot** provide a medallion signature guarantee.
- ▶ **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

Former Signature of Account Owner

New Signature of Account Owner

Date (mm/dd/yyyy)

Title/Name of Institution

Authorized Officer to Place Stamp Here

Applies to all signatures in Section 7.

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.

