Bright Start®

Change of Address

Please print clearly in blue or black ink and in all capital letters.
For help completing this form, call toll-free at 1-877-432-7444, Monday – Friday, 8 a.m. to 10 p.m., Central Time or contact your financial professional.
Entity owners please call to obtain information about documentation requirements.

1. Account Information

Owner/Custodian Name | Beneficiary Name

Owner/Custodian Social Security Number or Tax ID | Investment Option Number | Account Number

2. Address or Phone Number Change

You cannot make withdrawals within 30 days of the day the address change is recorded by the Program unless your Withdrawal request is signature guaranteed.

☐ By checking this box you would like to change the address and/or phone number for all accounts under your Social Security number. If this box is not checked, changes will only be made to the investment option and Account number listed above.

Changed Account Owner Information

Residential Street Address

City | State | ZIP Code

Daytime Telephone Number | Evening Telephone Number

☐ Please check this box if Beneficiary's address is the same as the Account Owner. If so, do not fill in below.

Changed Beneficiary Information

Residential Street Address

City | State | ZIP Code

3. Signature

If I have changed the address on my Account, I understand that I cannot make withdrawals from my Account within 30 days of the date the address change is recorded by the Program unless a signature guarantee is affixed to the Withdrawal form.

If the Account is owned by an entity or trust, I certify that I am authorized by the entity or trust identified in Section 1 to act on its behalf in making this change.

Signature of Account Owner, parent or guardian (if Account Owner is a minor) or custodian | Date

Return this form to Bright Start at the address below or to your financial professional.

BRIGHT START COLLEGE SAVINGS PROGRAM
P.O. BOX 6241
Chicago, IL 60680

JUDY BAAR TOPINKA
ILLINOIS STATE TREASURER

FOR 5936 (11/2004)