



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.collegesavings.com/montana, or you can call us to order any form—or request assistance in completing this form—at 1.800.888.2723, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

MFESP
c/o College Savings Bank
PO Box 3769
Princeton, NJ 08543

For overnight or registered mail, send to:

MFESP
c/o College Savings Bank
5 Vaughn Drive, Suite 100
Princeton, NJ 08540

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 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 College Savings Bank harmless from any adverse consequences incurred from acting on these instructions.

Signature of Account Owner or Custodian

Date

Signature of Joint Account Owner (required)

Date