



# UGMA/UTMA Ownership Change Form

Mail to:  
College Savings Bank  
PO Box 3769  
Princeton, NJ 08543

call, e-mail or log on for assistance:  
1-800-888-2723  
info@collegesavings.com  
http://www.collegesavings.com

Use this form to change the ownership on your custodial (UGMA/UTMA) account from the Custodian to the adult Designated Beneficiary who has reached the age of majority according to the applicable State UGMA/UTMA statute.

### Current Account Information:

(Please provide the following as it is currently listed on the account)

Account Number			
Custodian's First Name	MI	Last Name	
Social Security Number		Daytime Telephone	
Designated Beneficiary's First Name	MI	Last Name	

### New Account Owner:

(Complete the following to designate the Designated Beneficiary listed above as the new Account Owner. Please attach a certified copy of your birth certificate or a regular copy of your driver's license, military ID or passport as proof of age.)

New Account Owner's First Name		MI	Last Name	
Physical Street Address (No PO Box)				
City	State	Zip	E-mail	
Mailing Address (If different from above)				
City	State	Zip		
Social Security Number	Date of Birth	Daytime Telephone		

### Signature Authorization:

We authorize the Program, College Savings Bank as Program Manager, to make the Account Owner designation specified in these instructions and understand that by completing this form we are replacing the Account Owner currently named on the account. We have received, read and agree to the disclosure statement including the account terms and conditions which govern all aspects of this account and are incorporated herein by reference. We certify that the information we have provided with respect to this account is true, complete and accurate; that the Tax Identification numbers provided are true, correct and complete; and that the new Account Owner is a U.S. Citizen or resident alien. I, as the original minor/designated beneficiary of this Account, have attached a certified copy of my birth certificate or a regular copy of my driver's license, military ID or passport as proof of age so the I may assume ownership of this account.

I agree that College Savings Bank as well as the Program, and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying upon any instructions believed by me to be genuine. I understand that an account is not insured by the state, and neither the principal investe nor the investment return is guaranteed by the state.

\_\_\_\_\_  
Custodian's Signature Date

\_\_\_\_\_  
New Account Owner's Signature Date

IMPORTANT: To change the ownership of this account a Signature Guarantee for the original minor (the New Account Owner) is required below from your bank or credit union. A signature guarantee indicates that a signature is valid. Faxes cannot be accepted.

Signature Guarantee