

Change of Address Form

Important information about this form:

- Fill out this form to change the address of the Account Owner/Custodian or Beneficiary.
- Submit a separate form for each unique address change.
- All account communications and statements are sent to the mailing address on file.
- You must wait 30 days from when you make an address change before you can make a check withdrawal unless you provide a Medallion Signature Guarantee (Step 5).
- A Medallion Signature Guarantee is required for an Entity Account or an Account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (Step 5).

Need help?

Give us a call Monday – Friday from 6am – 5pm PT at 1-844-529-5845 or 1-844-888-2253 (TTY)

Mail the form to:

DreamAhead College Investment Plan P.O. Box 9661 Providence, RI 02940-9661

Overnight Mail:

DreamAhead College Investment Plan 4400 Computer Drive Westborough, MA 01581





Street address 1	Street address 2
City	
Sign the form	
By signing this form, you're confirmin	the information provided is true for the change of address.
You must wait 30 days from when you	make an address change before you can make a check withdrawal to

of Entity





Medallion Signature Guarantee

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the DreamAhead account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Details Booklet**.

	have the Authorized Officer stamp here
Signature of Account Owner/Custodian/Authorized Representative of Entity	
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/yyyy)	

