



TEXAS PREPAID HIGHER
EDUCATION TUITION BOARD

P.O. Box 13407
Austin, Texas 78711-3407

1.800.445.GRAD (4723), Option 2
FAX: 512.475.0081
texas.tomorrow@cpa.texas.gov
www.tgtp.org

Texas Prepaid Higher Education Tuition Program Change of Purchaser

To change the purchaser of this contract, please complete and return this form along with the \$20 processing fee to P.O. Box 13407, Austin, TX 78711-3407. **This form will not be accepted by FAX. Your payment must accompany the completed form, or it will not be processed.** You are not required to pay the \$20 processing fee if the Change of Purchaser is due to the death of the current purchaser and a copy of the death certificate has been submitted to our office.

If the beneficiary met the Texas residency requirements originally by proving that his/her parent was a Texas resident, and the new Purchaser is not a parent of the beneficiary, you must provide evidence that the beneficiary is now a Texas resident. **Also, if a new Joint Purchaser will be included on the contract, he/she must be the current spouse of the New Purchaser.**

Thank you for your participation in the *Texas Guaranteed Tuition Plan*. If you have any questions or need additional information, please call us at 800-445-GRAD (4723), option 2, or you can access further account information at our website, www.tgtp.org.

| | |
|--------------------------|--|
| Current Purchaser's name | Current Joint Purchaser's name (if applicable) |
| Beneficiary's name | Prepaid tuition contract account number |

Change of Purchaser(s) (To be completed by New Purchaser)

| | | | |
|---|--|--|----------------------------------|
| New Purchaser's name | | New Joint Purchaser's name (must be current spouse of New Purchaser) | |
| Address | City | State | ZIP code |
| Home phone (Area code and number) | Work phone (Area code and number) | Joint Purchaser's work phone (Area code and number) | |
| Purchaser's Social Security number | Joint Purchaser's Social Security number | Relationship to beneficiary | |
| I certify that the information I provided is complete and accurate. I received, read and agree to the terms in the Master Agreement and assume all rights and responsibilities of the above Texas Guaranteed Tuition Plan contract. | | | |
| sign here ▶ | Signature of New Purchaser | Date | sign here ▶ |
| | | | Signature of New Joint Purchaser |
| | | | Date |

Certification of Purchaser(s) (Section must be completed in the presence of Notary Public.)

| | |
|--|--|
| I, _____, the undersigned, have executed this form to acknowledge that I relinquish all rights and responsibilities of the above <i>Texas Guaranteed Tuition Plan</i> contract to the New Purchaser(s). I further acknowledge that the new Joint Purchaser, if applicable, is known to me to be the current spouse of the New Purchaser. | |
| sign here ▶ | _____ |
| | Signature of Current Purchaser |
| | _____ |
| | Date |
| (Below section must be completed by Notary Public) | |
| Subscribed and acknowledged before me by the said | |
| _____ | this _____ day of _____, _____. |
| Printed Name of Current Purchaser | |
| (Seal) | _____ |
| | Notary Public |
| I, _____, the undersigned, have executed this form to acknowledge that I relinquish all rights and responsibilities of the above <i>Texas Guaranteed Tuition Plan</i> contract to the New Purchaser(s). | |
| sign here ▶ | _____ |
| | Signature of Current Joint Purchaser (if applicable) |
| | _____ |
| | Date |
| (Below section must be completed by Notary Public) | |
| Subscribed and acknowledged before me by the said | |
| _____ | this _____ day of _____, _____. |
| Printed Name of Current Joint Purchaser (if applicable) | |
| (Seal) | _____ |
| | Notary Public |

FEDERAL PRIVACY ACT STATEMENT – Disclosure of your Social Security number is required and authorized by law. Authority: 42 U.S.C. Sec. 405(c)(2)(C)(i); Internal Revenue Code of 1986, Sections 529(d) and 6109(a). The number will be used to identify the prepaid tuition contract purchaser and beneficiary when the Texas Guaranteed Tuition Plan pays benefits to the selected college or university.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or number listed on this form.