

# Account Maintenance Form



## Instructions

Please use this form to make any of the following changes:

- Change of Address
- Add or Change Social Security Number
- Add or Change Successor Purchaser
- Add or Change Automatic Withdrawal
- Update Bank Account Information

All changes require a signature in Section VI.  
Please read the applicable instructions for each section.

Forms can be downloaded from our website at [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com), or by contacting a Customer Service Representative at **800-445-GRAD (4723)**, option #5, Monday through Friday, 8am to 6pm Central Time.

**Return this form and any other required documents to:**  
Texas Tuition Promise Fund  
P.O. Box 44305  
Jacksonville, FL 32231-4305  
Fax: 800-519-4652

## Section I. | Current Purchaser

Please enter the current Purchaser information below:

\_\_\_\_\_  
Texas Tuition Promise Fund (TTPF) Account Number

\_\_\_\_\_  
Name of Purchaser (first, middle, last, including suffix)

\_\_\_\_\_  
Social Security or Taxpayer ID Number

\_\_\_\_\_  
Street Address

( )

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Section II. | Address Change(s)

Address and contact information can also be updated online at [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com)

This address change applies to:  Purchaser  Beneficiary  Both (If the Beneficiary's address is different than the Purchaser's, fill out this entire section.)  Successor Purchaser

\_\_\_\_\_  
New Street Address (number and street, including apartment number, no P.O. Boxes)

( )

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( )

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Email Address

**If the Beneficiary's address is different, please complete the information below:**

\_\_\_\_\_  
Name of Beneficiary (first, middle, last, including suffix)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Street Address (number and street, including apartment number, no P.O. Boxes)

( )

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( )

\_\_\_\_\_  
Daytime Telephone Number

### Section III. | Successor Purchaser

Complete this section to designate a new Successor Purchaser or to change the existing Successor Purchaser on your account.

You cannot designate a Successor Purchaser for a UGMA/UTMA account.

You may name a Successor Purchaser for the Account. In the event of your death, ownership of all assets in the Account will be transferred to the Successor Purchaser. The Successor Purchaser will assume all rights that the previous Purchaser had. During the life of the Purchaser, the Successor Purchaser may receive contract information, but cannot make any changes to the contract. Enforceability of a Successor Purchaser designation may vary by state. Check with your estate planning attorney.

- Add a Successor Purchaser using the information provided below. This designation overrides any previous designation(s).
- I certify that the Successor Purchaser is a U.S. citizen/Resident alien. (Nonresident aliens are not eligible to participate in the program.)

\_\_\_\_\_  
Successor Purchaser Name (First, middle, last including suffix)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Social Security or Taxpayer ID Number

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone Number Daytime Telephone Number

### Section IV. | Add/Change Social Security Number

You must include a copy of the Social Security card with this form.

Complete this section to update or change a Social Security number on your Account.

#### Current Contract Information

Texas Tuition Promise Fund Account Number \_\_\_\_\_

Current Purchaser \_\_\_\_\_

Home Telephone Number ( ) \_\_\_\_\_

Daytime Telephone Number ( ) \_\_\_\_\_

Current Beneficiary \_\_\_\_\_

The Social Security/Tax I.D. Number update applies to:

Purchaser \_\_\_\_\_  
Name Social Security Number or Tax I.D. Number

Beneficiary \_\_\_\_\_  
Name Social Security Number

## Section V. | Automatic Withdrawal Authorization

Set up automatic payments to your TTPF Account.

Save time and postage by signing up for automatic withdrawal of your TTPF monthly payment. This option is not available for annual installment or lump sum payments. Payments will be deducted from your checking or savings account on the 1<sup>st</sup> day of each month (or the next business day when that date is on a weekend or a holiday). A record of these payments will appear on your checking or savings account statement. Please allow (10) ten days to process debit(s) from your account. You will be notified in writing when the automatic payments are scheduled to begin.

- I would like to establish a new automatic payment
- I would like to update my existing automatic payment (**must be processed by the 25<sup>th</sup> of the month to take effect for the next month's debit withdrawal**)
- I would like to cancel my automatic payment (**must be processed by the 25<sup>th</sup> of the month to take effect for the next month's debit withdrawal**)

Bank Account Owner Last name (including suffix)

First name

M.I.

- If you selected an installment plan, your monthly debit amount will be your installment payment amount.
- If you selected Pay-As-You-Go, please state the amount you want to deduct from your checking or savings account each month (\$15 minimum): \$ \_\_\_\_\_

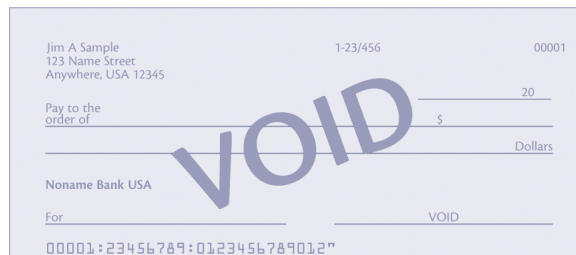
I hereby authorize TTPF to initiate debit entries for the monthly payment amount and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account. This authority is to remain in full force and effect until the account is paid in full, or TTPF has received written notification from me of its termination. I agree to provide adequate notice (normally 10 days) to terminate this service. In the event of unsuccessful debits, I understand that TTPF reserves the right to cancel this authorization and will notify me in writing of such action and that returned payment and/or late fees may be charged to my TTPF account.

X

Signature of Purchaser (or bank account holder if different than Purchaser)

Date

**ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP WITH PREPRINTED NAME AND ACCOUNT NUMBER OR COMPLETE THE SECTION BELOW:**



**Complete the following information if you did not attach a voided check or a savings account deposit slip. If using a savings account, please confirm the routing number and account number with your financial institution.**

Type of Account:  Checking  Savings

Name of Bank Account Holder

Name of Financial Institution

Transit Routing Number

Account Number

Financial Institution Address (City, State, Zip)

## Section VI. | Account Agreement

I certify that the information I have provided with respect to my Texas Tuition Promise Fund account is true, complete, and correct. I have received, read, and agree to the terms set forth in the Plan Description and Master Agreement.

I understand that if I am naming or changing the Successor Purchaser in Section III, I certify that it is my intent to name a new Successor Purchaser and, if applicable, revoke the previous Successor Purchaser. I agree to notify my Successor Purchaser of his/her status, and that he/she will need to provide a certified copy of a death certificate or other legally acceptable proof of death identifying me by name upon my death.

x

\_\_\_\_\_  
Purchaser Signature

\_\_\_\_\_  
Date

The Texas Tuition Promise Fund® (“Plan”) is administered by the Texas Prepaid Higher Education Tuition Board (“Board”) and Orion Advisor Solutions, Inc. is the plan manager. The Plan and the Board do not provide legal, financial, or tax advice and participants in the Plan should consult a legal, financial, or tax advisor prior to purchasing a contract.

Participation in the Plan does not guarantee admission to or graduation from any college or university. Only the purchaser may direct redemptions, withdrawals, changes in beneficiary, or other contract changes. Non-residents of Texas should consider whether their home state, or the beneficiary’s home state, offers residents any tax or other state benefits, such as financial aid, scholarship funds, and protection from creditors, that are only available for participants in that state’s plan.

You may lose money by participating in the Plan. No part of a contract is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. The contracts have not been registered with or approved by the SEC or any state. Purchasers should carefully consider the risks, fees, charges, and expenses associated with contracts, including Plan termination and reduced Transfer or Refund Value. Transfer Value applies to redemptions at private colleges and universities, out-of-state colleges and universities, medical and dental schools, career schools, and registered apprenticeship programs and is the lesser of: (1) the costs covered at a Texas public college or university; or (2) the original purchase price plus or minus net investment earnings or losses. The Plan Description and Master Agreement contains this and other information about the Plan and may be obtained by visiting [www.texas tuition promise fund.com](http://www.texas tuition promise fund.com) or calling 800-445-GRAD (4723), option #5. Purchasers should read all Plan documents carefully before purchasing a contract.

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