



Pre-pay a Child's Tuition

CHANGE OF BENEFICIARY

Purchaser's Name: _____
PACT Account Number: _____
Original Beneficiary: _____
Projected Enrollment Year: _____

Only one change of beneficiary is allowed per contract

THE FOLLOWING INFORMATION IS REQUIRED FOR THE SUBSTITUTE BENEFICIARY:

Substitute Beneficiary Name: _____
Relationship to Original Beneficiary: _____
Address: _____
Social Security Number: _____
Birth date: _____
Current Grade/Age: _____
Projected Enrollment Year: _____

The ten-year period to use benefits starts from the Projected Enrollment Year of the Original Beneficiary. There must be at least 32 semester hours remaining on the account for any benefits to be transferred. The remaining benefits cannot be used to pay invoices prior to the date of the substitution. The \$55.00 fee is waived if the substitution is made due to scholarship, military academy attendance, or death/disability of the beneficiary. (Please include documentation, such as the death certificate.)

I CERTIFY THAT THE PERSON WHO IS TO BE SUBSTITUTED MEETS THE CRITERIA AS SPECIFIED IN THE RULES FOUND IN THE PACT BROCHURE.

I certify by signing below that the information I have provided on this form is true and correct and that all documentation I have presented is either the original or an unaltered copy of the original. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a) (3) and § 13A-10-102.)

Signature: _____ **Date:** _____

Print Name: _____

Daytime Telephone Numbers with area codes:

**PLEASE REMIT \$55.00 SUBSTITUTION FEE & FORM TO THE FOLLOWING ADDRESS:
PACT PROGRAM, P O BOX 217, BIRMINGHAM, AL 35201-0217**