



U.Plan Address Change Request Form

Section A: U.Plan Account Information

Account Number:

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|--|--|--|--|--|--|--|--|--|--|

Owner Name: _____

Section B: Address(es) to Change

Please select which address(es) need to change:

- Change Owner Address **Only**
- Change Beneficiary Address **Only**
- Change Both Owner and Beneficiary Address

Section C: OLD Address Information

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Other Phone #: _____

Email: _____

Section D: NEW Address Information

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Other Phone #: _____

Email: _____

Section E: Owner Authorization

Signature of Owner: _____ Date: _____

Return this completed form to: MEFA
c/o U.Plan Prepaid Tuition Program
P.O. Box 55251
Boston, MA 02205-8220

Please contact MEFA's dedicated U.Plan customer service representatives at (800) 449-MEFA (6332) if you have questions.