



U.Plan Beneficiary Change Request Form Instructions

In order to process your request to change beneficiary, please complete the Beneficiary Change form.

Return the completed form to:

MEFA
c/o U.Plan Prepaid Tuition Program
P.O. Box 55251
Boston, MA 02205-8301

Please contact MEFA's dedicated U.Plan customer service representatives at (800) 449-MEFA (6332) if you have questions or email us at info@mefa.org.



U.Plan Beneficiary Change Request Form

Section A: Current U.Plan Account Information

Account Number:

--	--	--	--	--	--	--	--	--	--

Owner Name: _____

Current Beneficiary Name: _____

Section B: New Beneficiary Information

This certifies that all certificates will be transferred to the new Qualifying Beneficiary identified below.

Beneficiary Account Number (if any):

--	--	--	--	--	--	--	--	--	--

Name _____ Social Security Number: _____

Date of Birth: _____

Relationship to Prior Beneficiary: _____

Section C: Successor Owner Information (Optional)

You have the option to name a Successor Owner. Any Successor Owner you designate will become the Account owner in the event of your death and will have the right to direct MEFA as to the application of Tuition Certificate proceeds and the right to change the Qualifying Beneficiary. You may remove or change the Successor Owner at any time by contacting MEFA and filling out the applicable form. Please note: The person you designate must be at least 18 years old at the time of your death to be eligible to become the Successor Owner. In the event of reasonable doubt respecting the effectiveness of the Successor Owner designation, MEFA reserves the right, in its sole discretion, to require a judicial determination before effectuating a transfer of the Account to the designated Successor Owner.

Name of Successor Owner: _____

Date of Birth: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Section D: Owner Authorization

As Owner of the Tuition Certificates for the above-referenced U.Plan account, I hereby instruct MEFA (Massachusetts Educational Financing Authority) to change the Beneficiary for the account(s) indicated above. I certify that the new Beneficiary is a Qualifying Beneficiary Relative, as outlined in the U.Plan Enrollment Agreement.

Signature of Owner: _____ Date: _____

Return this completed form to:
MEFA
c/o U.Plan Prepaid Tuition Program
P.O. Box 55251
Boston, MA 02205-8301

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