

3

New Information

Check one: Mr. Mrs. Ms. Dr.

NEW: First Name MI Last Name

NEW: Address City, State, ZIP

E-Mail Address Daytime Phone ()

Relationship to current Beneficiary

□□□-□□-□□□□

Social Security Number

□□-□□-□□□□

Date of Birth

4

Authorization

I, as the current Account Owner, hereby make the changes as indicated above to the Account Owner, Successor Account Owner or Beneficiary. I certify that the information contained herein is true and correct. I, my current or new Beneficiary, newly established Account Owner or Successor Account Owner are United States Citizens or Resident Aliens. I certify that the Social Security Numbers listed are true, correct and complete. This designation will replace the Account Owner, Successor Account Owner or Beneficiary currently named on the Account.

X _____
Signature of current Account Owner Date

(Print Name Here) _____

Please allow approximately 5 business days for this change to be completed.

MEDALLION SIGNATURE GUARANTEE
(Required for change of Account Owner)

Note to Guarantor:
Medallion imprints must be fully legible and must not be dated or annotated.

A Medallion Signature Guarantee is required if you are Changing the Account Ownership. Signature must be stamped with a Medallion Signature Guarantee by a qualified financial institution, such as a commercial bank, savings and loan, U.S. stock broker and security dealer, or credit union, that is participating in an approved Medallion Signature Guarantee Program. (A NOTARY SEAL IS NOT ACCEPTABLE.) THE NEW ACCOUNT OWNER MUST ALSO COMPLETE AND SUBMIT AN ENROLLMENT FORM.



Alexi Giannoulas
Illinois State Treasurer
Trustee & Administrator

UNION BANK
& TRUST COMPANY
Program Manager