



# Change of Address Form

Address changes will apply to all of your Accounts with matching information. Forms can be downloaded from our website at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona), or you can call us to order any form—or request assistance in completing this form—at 1.800.888.2723, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

**AFCSP**  
**c/o College Savings Bank**  
**PO Box 3769**  
**Princeton, NJ 08543**

For overnight or registered mail, send to:

**AFCSP**  
**c/o College Savings Bank**  
**5 Vaughn Drive, Suite 100**  
**Princeton, NJ 08540**

## 1. Account Information

Account Number		
Account Owner or Custodian First Name	MI	Last Name

## 2. Previous Address

Street Address		
City	State	Zip Code

## 3. New Address

Street Address		
City	State	Zip Code
Mailing Address <input type="checkbox"/> Check if same as street address		
Telephone Number	Business Telephone	Email

## 4. Signature

By signing below I/we certify that I/we are the Account Owner(s) and that all the information provided on this form is true and accurate. I/we assume full responsibility for this change and I/we agree to hold College Savings Bank harmless from any adverse consequences incurred from acting on these instructions.

Signature of Account Owner or Custodian	Date
Signature of Joint Account Owner (required)	Date