



CUSTODIAN SURVIVOR AUTHORIZATION

Custodian: Please use this form to designate one person to assume control of this account in the event of your death or incapacity (Custodian Survivor). The Custodian acts on behalf of the Account Owner until he or she turns 18 years old. This new Custodian Survivor will replace all previously named Custodian Survivors.

Current Account Information

Account Number _____

Account Owner/Student Beneficiary _____

Custodian _____

Name	SSN or TIN
Name	SSN or TIN

Custodian Survivor Information

Name (First, Middle, Last, Suffix) _____

SSN or TIN (*Required*) _____

Birth Date _____

Street Address/Apartment Number _____

Post Office Box Number _____

City/State/Zip Code _____

Email Address _____

Telephone Numbers _____

Home	Work	Other (Please specify type)
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Please check here if you would like to authorize this person to receive verbal information about this account.

Custodian's Signature - Required

Only the Custodian may authorize changes to this account.

In the event of my death or incapacity, I want to transfer all of the Custodian rights and responsibilities for this Guaranteed Education Tuition account, as specified in the Master Agreement, to the Custodian Survivor designated above.

Custodian's Signature

Date