

**Kate Marshall**  
State Treasurer



Steve George  
Chief of Staff

Mark Mathers  
Chief Deputy Treasurer

STATE OF NEVADA  
OFFICE OF THE STATE TREASURER  
**NEVADA PREPAID TUITION PROGRAM**

**CHANGE OF PURCHASER FORM**

CURRENT PURCHASER'S NAME: \_\_\_\_\_

BENEFICIARY'S NAME: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_

PLEASE PROVIDE REASON FOR REQUEST: \_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUESTED FOR THE NEW PURCHASER:**

NEW PURCHASER'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**NOTICE**

I ACKNOWLEDGE THAT BY EXECUTING THIS FORM I RELINQUISH ALL RIGHTS AND RESPONSIBILITIES OF THE MASTER AGREEMENT TO THE NEW PURCHASER.

**TO AUTHORIZE THIS CHANGE, PLEASE SIGN THIS COMPLETED FORM.**

\_\_\_\_\_  
Current Purchaser's Signature

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Date

Notary Seal

**PLEASE SEND THE COMPLETED FORM AND THE \$20.00 CHANGE OF PURCHASER FEE TO THE FOLLOWING ADDRESS:**

555 E. Washington Ave.  
Suite 4600  
Las Vegas, NV 89101-1075



(888) 477-2667 Toll Free  
(702) 486-2025 Telephone  
(702) 486-3246 Fax

Internet: [NVPrepaid.gov](http://NVPrepaid.gov)