



CHANGE OF CONTRIBUTOR

CURRENT CONTRIBUTOR'S NAME: _____

BENEFICIARY'S NAME: _____

SCTPP ACCOUNT NUMBER: _____

PLEASE PROVIDE REASON FOR REQUEST: _____

THE FOLLOWING INFORMATION IS REQUESTED FOR THE NEW CONTRIBUTOR:

NEW CONTRIBUTOR'S NAME: _____ SSN: _____

ADDRESS: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

New Contributor's Signature

Date

TO AUTHORIZE THIS CHANGE, PLEASE SIGN THIS COMPLETED FORM, HAVE IT NOTARIZED WITH AN OFFICIAL NOTARY SEAL AND MAIL IT WITH THE \$25.00 PROCESSING FEE.

STATE OF SOUTH CAROLINA
COUNTY OF _____

The foregoing instrument was acknowledged
before me this ____ day of _____, 20__

Current Contributor's Signature

Notary Public, State of South Carolina

Date

PLEASE SEND THE COMPLETED FORM TO THE FOLLOWING ADDRESS:

**SOUTH CAROLINA TUITION PREPAYMENT PROGRAM
P.O. DRAWER 11778
COLUMBIA, SOUTH CAROLINA 29211**

NOTICE

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