



Instructions

- You may be required to provide documentation or a medallion signature guarantee¹ along with this form, depending on the changes you request below.
- Print all information in blue or black ink, **be sure to sign and date this form**, and then mail it to the Programs at the address below. You may want to retain a copy for your records.
- Questions?** Visit www.cagovernorsscholars.org or call toll-free 1 866-477-9665 for information or assistance.

1 Current Account Information

1 9 1 5 -	- -
<small>Student Scholarship Account Number</small>	<small>Social Security Number or Taxpayer ID Number</small>
Name on Account (First, MI, Last, Suffix)	
- -	
<small>Daytime Telephone Number</small>	

2 New Account Information (Complete all sections that apply to you and submit any required documentation along with this Form.)

> **Legal name change:** Provide a copy of your marriage license, divorce decree or any court order, or provide a medallion signature guarantee where indicated below.

> **Misspelled name or incorrect date of birth:** Provide a copy of your birth certificate.

New Name (First, MI, Last, Suffix)

- -

Date of Birth (MM/DD/YYYY)

> **Social Security or Taxpayer ID Number:** Provide a copy of your U.S. government issued Social Security or Taxpayer Identification card.

- -

New Social Security Number or Taxpayer ID Number

> **Address and Telephone Number:** Additional documentation is not required.

New Mailing Address, if applicable

New City, State, Zip

- -

New Home Telephone Number, if applicable

3 Signature and Authorization (You must sign this section.)

By signing below, I authorize changes to my personal information as indicated on this form and I have enclosed the required documentation or provided a medallion signature guarantee below. I understand that I cannot withdraw funds from this Account within 30 days of the effective date of any name change, or Social Security Number or Taxpayer Identification Number change, unless a signature guarantee or medallion signature guarantee is affixed to this form.

<small>Student Signature</small>	<small>Date</small>

GUARANTOR TO AFFIX STAMP HERE

Mail this form to:
Governor's Scholarship Programs
P.O. Box 8227
Boston, MA 02266-8227

Program Administration by TIAA-CREF Tuition Financing, Inc.
CAGS1010.PSF

¹ Certain commercial banks, trust companies, savings associations, credit unions and members of the United States stock exchange participate in the medallion signature guarantee program. Please contact your bank or broker, if needed. A notarized signature is not acceptable.