PRINT CLEAR FIELDS

TEXAS PREPAID HIGHER EDUCATION TUITION BOARD
TEXAS GUARANTEED TUITION PLAN
Texas Tomorrow Funds® • P.O. Box 13407 • Austin, Texas 78711-3407

111 E. 17th St., 5th Floor
Austin, Texas 78711
1.800.445.GRAD (4723)
FAX: 512.475.0081
www.tgtp.org

Texas Prepaid Higher Education Tuition Program
Designation of Survivorship

In order to designate or change the survivor of this *Texas Guaranteed Tuition Plan* contract, please complete and return this form to PO Box 13407, Austin, TX 78711-3407. This designation of survivorship supersedes any survivor designation made previously.

Thank you for your participation in the *Texas Guaranteed Tuition Plan*. If you have any questions or need additional information, please call our toll-free number at 1-800-445-4723, option 2.

Purchaser Name	Joint Purchaser *(if applicable)*
Beneficiary Name	Prepaid Tuition Contract Number

SURVIVORSHIP PROVISIONS:

If more than one person is named above as a Purchaser, then on the death of one Purchaser, his or her interest in the Contract (including his or her community property interest) will become the property of the surviving Purchaser. On the death of the surviving Purchaser, or if only one person is named above as Purchaser, then on his or her death, the person named below will become the Purchaser with all the rights and obligations of a Purchaser under the Contract. The Beneficiary of this contract cannot be listed as survivor unless he or she is at least 18 years old.

Name of Designated Survivor (must be at least 18 years old)		Home phone *(Area code and number)*	
Address	City	State	ZIP Code

ACKNOWLEDGMENT OF SPOUSE:

If you are married and your spouse is not named as a Joint Purchaser, your spouse must sign below.

I acknowledge that (1) I am the spouse of the above name Purchaser, (2) I am not a Purchaser of the Contract, and (3) any interest I have in the Contract at the time of my death will become the property of the above named Purchaser.

Type or print spouse's name	sign here ▸ Signature of non-purchasing spouse

CERTIFICATION OF PURCHASERS *(section must be completed in the presence of Notary Public)*

I, _____ , the undersigned have executed this form to designate the survivorship rights as set forth above.

sign here ▸ _____ _____
SIGNATURE OF PURCHASER *DATE*

(Below section to be completed by Notary Public)
Subscribed and acknowledge before me by the said

_____ this _____ day of _____ , 20 ____ .
PRINTED NAME OF PURCHASER

(Seal)

_____
NOTARY PUBLIC

I, _____ , the undersigned have executed this form to designate the survivorship rights as set forth above.

sign here ▸ _____ _____
SIGNATURE OF JOINT PURCHASER (IF APPLICABLE) *DATE*

(Below section to be completed by Notary Public)
Subscribed and acknowledge before me by the said

_____ this _____ day of _____ , 20 ____ .
PRINTED NAME OF JOINT PURCHASER (IF APPLICABLE)

(Seal)

_____
NOTARY PUBLIC

STATE INFORMATION NOTICE UNDER CHAPTER 559, GOVERNMENT CODE – With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Government Code, you are entitled to have us correct any information about you that is in our possession and that is incorrect. If at any time you are concerned that your personal information held by us is incorrect and you are unsure as to how to correct or update it, please contact us at 1-800-445-GRAD (4723).