

CHANGE OF PURCHASER DUE TO DEATH FORM

- Please complete all sections of this form and attach a copy of the Purchaser's death certificate.
- (a) If the current Purchaser had a last will and testament, attach a copy of the will (or a copy of provisions of the will addressing the appointment of an executor or executrix and any bequest relating to the MPACT contract). Also attach a copy of the Letters Testamentary issued by the court or the clerk of the court in which the will has been filed for probate. (b) If the current Purchaser did not have a last will and testament, attach a copy of the Letters of Administration issued by the court or the clerk of the court in which the current Purchaser's estate is being administered. (c) If the current Purchaser did not have a last will and testament and no estate proceeding is contemplated and the value of the entire estate does not exceed \$50,000.00, attach a properly executed Affidavit consistent with the provisions of Section 91-7-322 of the Mississippi Code.
- All documentation listed above is required in order for the request to be process.
- Complete all sections of this form and remit with a twenty five dollar (\$25.00) Change of Purchaser fee to: P.O. Box 120, Jackson, MS 39205-0120, or pay the plan change fee electronically through On-Line Account Access. Questions should be directed to Customer Service at 1-800-987-4450.

Section I: Current Contract Information

MPACT Account Number: _____
Purchaser Name (First, MI, Last): _____
Contingent Purchaser Name (First, MI, Last) _____
Beneficiary Name (First, MI, Last): _____
Purchaser Primary Number: () _____ Secondary Number: () _____

Section II: New Purchaser Information

Name (First, MI, Last): _____
Social Security Number: _____
Street Address/P.O. Box/Apt. #: _____
City / State / Zip Code: _____ Email Address: _____
Primary Phone Number: () _____ Secondary Phone Number: () _____

New Purchaser Signature Date

Section III: New Contingent Purchaser Information

Name (First, MI, Last): _____
Social Security Number: _____
Street Address/P.O. Box/Apt. #: _____
City / State / Zip Code: _____ Email Address: _____
Primary Phone Number: () _____ Secondary Phone Number: () _____

New Contingent Purchaser Signature Date

Section IV: Current Purchaser Signature

I acknowledge by executing this form that all rights and responsibilities of the above reference MPACT contract will be relinquished to the new purchaser.

Executor Signature Date
(Continued on page two)

Section V: Notary Section

The above signed appeared before me, the undersigned Notary Public, on this _____day of _____, 20____, within my jurisdiction. The above signed has satisfactorily proven to be the person whose name holds authority to complete the request contained herein and acknowledges that the he/she executed and delivered the above request for a change of Purchaser on the above reference MPACT account on the date and for the purposes therein set forth.

Notary Signature

(Seal or Stamp)

My Commission Expires

NOTICE

Purchasers who knowingly supply fraudulent documentation will be subject to penalties defined in the MPACT master contract and other civil and criminal penalties as provided by law.



Lynn Fitch
STATE TREASURER
COLLEGE SAVINGS MISSISSIPPI
| MPACT |