



**VPEP CHANGE OF BENEFICIARY FORM**

ACCOUNT OWNER'S NAME: \_\_\_\_\_  
VPEP ACCOUNT NUMBER: \_\_\_\_\_  
ORIGINAL BENEFICIARY: \_\_\_\_\_  
PROJECTED ENROLLMENT YEAR: \_\_\_\_\_

**THE FOLLOWING INFORMATION IS REQUESTED FOR THE SUBSTITUTE BENEFICIARY:**

SUBSTITUTE BENEFICIARY: \_\_\_\_\_  
RELATIONSHIP TO ORIGINAL BENEFICIARY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
SSN: \_\_\_\_\_  
BIRTH DATE: \_\_\_\_\_  
CURRENT GRADE: \_\_\_\_\_  
GRADE AT DATE OF ORIGINAL PURCHASE: \_\_\_\_\_  
PROJECTED ENROLLMENT YEAR: \_\_\_\_\_

**I CERTIFY THAT THE PERSON WHO IS TO BE SUBSTITUTED MEETS THE CRITERIA AS SPECIFIED IN ARTICLE VII(8) OF THE MASTER AGREEMENT.**

\_\_\_\_\_  
Account Owner's Signature

\_\_\_\_\_  
Date

**NOTICE**

Account owners knowingly supplying fraudulent documentation will be denied the opportunity to participate in the plan. In the event a VPEP contract has been changed based upon fraudulent documentation, the contract will be terminated subject to the assessment of a cancellation fee of the lesser of \$500 or all payments made to date.

Revised September 2006

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