

# Child Support Savings Initiative Program Change Form

Print clearly, preferably in capital letters and black ink. Do not staple.

## STEP 1 - Current Account Owner Information

Kansas Department for Children and Families

Primary Account Owner Name

697-457621- 888-632-7758

Account Number

Telephone Number

## STEP 2 - Information to Update or Change

Check the information that needs an update or change and proceed to that section.

- Child (Beneficiary Information) - Complete Section 3
- Non-Custodial Parent Information - Complete Section 4
- Investment Option - Complete Section 5

## STEP 3 - Participant (Beneficiary Information)

Complete this section only if you are changing or updating the Designated Beneficiary's name or address on your Account. If you are changing the beneficiary's name, please attach the certified copy of the legal documentation to support the change.

Beneficiary's First Name      Middle Initial      Beneficiary's Last Name

Beneficiary's Street Address      Apartment/Unit

City      State      Zip

Beneficiary's U.S. Social Security Number      Beneficiary's Date of Birth

Beneficiary's Citizenship

## STEP 4 - Noncustodial Parent Information

Complete this section only if you are changing or updating your name or address for the account. If you are changing your name, please attach the certified copy of the legal documentation to support the change.

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Mr. / Mrs. / Ms.      Noncustodial Parent's First Name      Middle Initial      Last Name

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Noncustodial Parent's U.S. Social Security Number

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Noncustodial Parent's Street Address

Apartment/Unit

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City

State

Zip

---

Noncustodial Parent's Email Address

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Telephone Number (daytime)

Telephone Number (evening)

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Child Support Case ID Number

## STEP 5 - Investment Option

Before choosing your investment option, see the Learning Quest Handbook for complete information about the investments offered. Investment options can only be changed once a year. Choose either an Age-Based Track or a Static Portfolio. If you chose more than one, the investment option will default to the Index Age-Based Track. If you do not remember the original investment option, leave blank and CSS will complete the Change From section. This change applies only to the allocation of your future investments; it will not affect the assets currently held in your Account.

### Aged-Based Tracks\*

Change From:

Conservative Track

Moderate Track

Aggressive Track

Index Track

Change To:

\*As your Designated Beneficiary gets older, your assets will move to a progressively more conservative portfolio.

**Static Portfolios\*\***

Change From:

Change To:

- |                          |                           |                          |
|--------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | Very Aggressive           | <input type="checkbox"/> |
| <input type="checkbox"/> | Aggressive                | <input type="checkbox"/> |
| <input type="checkbox"/> | Moderate                  | <input type="checkbox"/> |
| <input type="checkbox"/> | Very Conservative         | <input type="checkbox"/> |
| <input type="checkbox"/> | Conservative              | <input type="checkbox"/> |
| <input type="checkbox"/> | Short-term                | <input type="checkbox"/> |
| <input type="checkbox"/> | One Choice 2015 Portfolio | <input type="checkbox"/> |
| <input type="checkbox"/> | One Choice 2025 Portfolio | <input type="checkbox"/> |
| <input type="checkbox"/> | 100% Equity               | <input type="checkbox"/> |
| <input type="checkbox"/> | Total Growth Index        | <input type="checkbox"/> |
| <input type="checkbox"/> | Balanced Index            | <input type="checkbox"/> |
| <input type="checkbox"/> | Total Bond Market Index   | <input type="checkbox"/> |
| <input type="checkbox"/> | Money Market              | <input type="checkbox"/> |

\*\* The assets will remain in the portfolio(s) you select until you select a new Investment Option.

**STEP 4 - Signature**

By signing this application, the undersigned certifies that all the information contained herein is accurate. The undersigned further authorizes changing the selected information in the Child Savings Incentive Program within the Learning Quest 529 Education Savings Program.

\_\_\_\_\_  
Noncustodial Parent's Signature

\_\_\_\_\_  
Date

**For Official Use Only**

APPROVED BY DCF

\_\_\_\_\_  
DCF Representative Signature