



Physician's Certification of Designated Beneficiary's Total and Permanent Disability Form

Cancellation of a College Illinois!® Prepaid Tuition Contract due to the disability of the Designated Beneficiary may be made without paying a 10% additional federal tax penalty if the Beneficiary is "totally and permanently disabled." A Beneficiary is considered "totally and permanently disabled" if he or she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration. This form must be used to certify such disability.

This completed and signed form must be attached to a completed and signed Cancellation Form. If there are multiple Accounts for the same Designated Beneficiary, a copy of this form can be attached to subsequent cancellation requests.

College Illinois! makes no disability determinations on behalf of the Internal Revenue Service (IRS). Therefore, if the IRS determines that the Beneficiary's disability does not exempt you from the 10% penalty on the earnings, College Illinois! is not liable for reimbursement or payment of any penalty assessed by the IRS.

Section 1 – Designated Beneficiary:

This section is to be completed by the Designated Beneficiary or his/her legal representative if the Beneficiary is a minor or is unable to do so due to his or her disability.

Please make a copy of this completed form for your records and return this form attached to the completed Cancellation Form to:

College Illinois!
P.O. Box 44030
Jacksonville, FL 32231-4030

1. Designated Beneficiary

(To be Completed by the Designated Beneficiary or Legal Representative)

Name (First, Middle, Last, Suffix) _____

Street Address/PO Box/Apt. # _____

City / State / Zip Code _____

Social Security Number (or T.I.N.) XXX-XX- _____

(last 4 digits only) (College Illinois! requires a SSN solely for administration purposes and, where applicable, IRS reporting.)

Daytime Telephone Number _____

I certify that I have read and understood the definition of total and permanent disability above. I also certify that I meet the above criteria of having total and permanent disability. I further certify that I have read, understood and agree with Section 2 of this form.

Signature of Beneficiary or Legal Representative

Date

Legal Relationship, if not Beneficiary

