CalKIDS Check Cancellation Request Form

Please complete this form if you would like to have your current distribution check cancelled after being lost or in transit for over 90 days. Requesting a check cancellation will allow you to submit a new distribution request once funds have been returned to your CalKIDS account. Please allow for processing time for funds to be returned after your Check Cancellation Request Form has been received.

Instructions

- Complete this form if you have requested a distribution of funds from your CalKIDS Account and wish to cancel the distribution payment check that was made and sent to an Eligible Educational Institution.¹ Funds for checks cancelled will return to your CalKIDS account. **Once checks are cancelled, they cannot be cashed by the institution.**
- Do not use this form to withdraw funds to pay any qualified higher education expenses. Visit **CalKIDS.org** to request payment directly to an Eligible Educational Institution.
- You must provide all of the requested information and your signature on this form.
- You must print, hand sign or digitally sign this document, and mail this completed form to ScholarShare Investment Board, Attention: CalKIDS Program, PO Box 942809, Sacramento, CA 94209-0001. You should retain a copy for your records.

Questions? Visit www.calkids.org or call toll-free 888-445-2377 for information or assistance.

1. Current CalKIDS Beneficiary Information

Complete the information below to identify the CalKIDS Beneficiary:

CalKIDS Beneficiary First Name	CalKIDS Beneficiary Middle Name (if applicable)	CalKIDS Beneficiary Last Name
CalKIDS Beneficiary Date of Birth		
Statewide Student Identifier (SSID)	County of School, as of	applicable Fall Academic Census Date ²
Email Address		Phone Number
in October. Students identified in 1st - 12th g	he Academic Year on which an official count is taken. The Fa grade in 2021-22 should use the county in which they attende hould use the county in which they attended school on the a	ed school on October 6, 2021. Students
2. Check Cancellation Requ	lest and Authorization	
Authorization Statement:		
CalKIDS Beneficiary or Parent/Le	5	
	Int of \$ made on Requested Distribution Amount	Date of Distribution Request (MM/DD/YYYY)
toName of Ir		

3. Signature And Authorization

By signing below, I attest that I am a CalKIDS Beneficiary and that in such capacity I possess the legal right to request a cancellation of a payment check resulting from a distribution I previously requested.

Under penalty of perjury and the laws of the state of California, I affirm that I am authorized to execute this attestation and declare that such authority and the statements made within it are true and correct.

I understand that the CalKIDS Program's reliance on this attestation is binding and final.

I further understand that false statements made in connection with this attestation may result in legal action.

Signature (Please print and hand sign or digitally sign this document)

Print Full Legal Name of CalKIDS Beneficiary or Parent/Legal Guardian

All forms must be either hand signed or digitally signed. Mail this completed form to: ScholarShare Investment Board Attention: CalKIDS PO Box 942809 Sacramento, CA 94209-0001

Program Administered by the ScholarShare Investment Board

¹ An "Eligible Educational Institution" is defined in Section 529 of the Internal Revenue Code and is generally a postsecondary educational, vocational or proprietary institution that is eligible to participate in the Department of Education's Title IV Financial Aid Programs. You should check with your school, if any, to determine whether or not it participates in these financial aid programs before permanently forfeiting all rights to use the funds in your Student Scholarship Account. Qualified Higher Education Expenses are tuition and fees; costs of books, supplies and equipment required for the enrollment or attendance, and certain amounts for room and board.



Date