CalKIDS Age-Based Appeal Form

Please complete this form if you are requesting to access your CalKIDS Account funds after turning 26 years old due to extenuating circumstances.

To be eligible for this appeal:

- You must have registered your CalKIDS Account before your 26th birthday.
- You must submit this appeal within 90 days after your 26th birthday.
- You must provide supporting documentation explaining why you were unable to use the funds before turning 26.

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 required information below to identify the CalKIDS Beneficiary:

Beneficiary First Name	Beneficiary Middle Name (if applicable) Beneficiary State of Birth		Beneficiary Last Name
Beneficiary Date of Birth			Phone Number
Email Address			
For at birth recipients, complete this section:		For students, complete this section:	
Local Registration Number (LRN) found on chil	d's birth certificate	Statewide Student	Identifier (SSID)
County of Birth		County of School, a	s of applicable Fall Academic Census Date
For beneficiaries born after July 1, 2022.		which an official cou Wednesday in Octo	us Day is a day within the Academic Year on unt is taken. The Fall Census Day is the first ber. Students identified in 1st – 12th grade in the county in which they attended school on

2. Extenuating Circumstances

years should use the county in which they attended school on the applicable Fall Academic Census Day.

Use the space below to describe the specific circumstances that prevented you from using your CalKIDS funds before your 26th birthday. Be detailed and specific. If additional space is needed, you

October 6, 2021. Students identified in 1st grade in subsequent

may attach a separate page.			

3. Signature And Authorization

By signing below, I attest that I am a CalKIDS Beneficiary (award recipient, if 18 years of age or older) or

the parent/legal guardian of a CalKIDS Beneficiary with authority to act on their behalf and that in such capacity I possess the legal right to authorize changes be made to my CalKIDS Account, as requested on this form, and have enclosed the required documentation.

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. Email this completed form to Appeals@calkids.org with the subject line "CalKIDS Appeal"

A program representative will reach out to you via email after review of this information.

Program Administered by the ScholarShare Investment Board

Date

