



For UESP Use Only	
UESP Account	_____
Date Received/Initials	_____
Date Processed/Initials	_____

Form 510 Beneficiary Change/Correction

ABOUT THIS FORM

Complete this form to make corrections regarding the current beneficiary or to change the beneficiary on a current UESP account to another beneficiary.

Important Requirements and Tax Considerations

- The beneficiary cannot be changed on a UESP UGMA/UTMA custodial account.
- The new beneficiary on this form MUST be a “member of the family” of the current beneficiary, as defined in the UESP Program Description. Otherwise, the change will be considered a non-qualified withdrawal and cannot be processed. If you wish to transfer funds to someone who is not a “member of the family,” you must submit a completed Withdrawal Request form (form 300) and indicate the withdrawal is non-qualified. If you take a non-qualified withdrawal, the earnings will be subject to federal and applicable state income taxes, a federal penalty tax, and recapture of previously taken Utah state income tax credits or deductions.
- A change in beneficiary may result in a gift tax or generation-skipping transfer tax. Please consult your tax adviser.
- For account owners who are Utah taxpayers: If the current beneficiary was under age 19 when the account was opened and the new beneficiary is age 19 or older, you must recapture any previous Utah state income tax credit or deduction. Also, no credit or deduction will be allowed for the current year’s contributions or any future contributions to any beneficiary over age 19.

SUBMITTING THIS FORM

- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact UESP toll-free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.
- Return this form and any required documentation to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.

1 Account Owner/Agent Information

Account Owner/Agent’s Last Name	First Name	Middle Name
UESP Account Number		Phone

2 Current Beneficiary Information

Current Beneficiary’s Last Name	First Name	Middle Name
---------------------------------	------------	-------------

3 Corrections to Current Beneficiary Information

Please check all boxes that apply and complete the appropriate information below.
Please attach a copy of any **legal documentation** (e.g., marriage license, adoption papers). Changes will not be made without proper documentation.

A. Name Change (attach documentation)

New Last Name	New First Name	New Middle Name
---------------	----------------	-----------------

B. Date of Birth Change (attach documentation)

New Date of Birth (mm/dd/yyyy)

C. U.S. Social Security or Taxpayer Identification Number Change (attach documentation)

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
--	----	---

D. Contact Information Change

Please see other side

Continued on Next Page ➡

D. Contact Information Change

Mailing Address (if the mailing address is a PO box, a physical address must be provided below)

City State Zip Code

Physical Address (if different from mailing address)

City State Zip Code

Home Phone Work Phone Other Phone

4 New Beneficiary Information

To request an investment option change with this beneficiary change, please complete and attach the Investment Option Change form (form 405).

U.S. Social Security Number (Required) OR Taxpayer Identification Number (Required)

Date of Birth (mm/dd/yyyy)

Last Name First Name Middle Name

Mailing Address (if the mailing address is a PO box, a physical address must be provided below)

City State Zip Code

Physical Address (if different from mailing address)

City State Zip Code

Check all boxes that apply to the new beneficiary. The new beneficiary is:

- A "member of the family" of the current beneficiary, as defined in the UESP Program Description
- A Utah taxpayer/resident
- Currently enrolled in a higher education institution

Relationship to account owner (or relationship for an institutional account):

- Child
- Grandchild
- Niece/Nephew
- Spouse
- Self
- Other

5 Signature Authorization

By signing below,

- I authorize the correction or change of beneficiary for my account.
- I certify that if I am requesting a change of beneficiary, the new beneficiary is a "member of the family" of the current beneficiary as defined in the UESP Program Description.
- I certify that the information on this form is true and accurate and that I am bound by the terms, rights, and responsibilities stated in the UESP Program Description.



Account Owner/Agent Signature

Date (mm/dd/yyyy)

Account Owner/Agent Name (please print)

Title (if signed on behalf of a trust, corporation, or other institution)