

For my529 Use Only
my529 ID No. _____
Date Received by my529 _____
User Initials _____

Form 110 Account Owner/Agent Signature Card

ABOUT THIS FORM

- This form is used to secure the signature of an account owner who opens an account online.
- Please complete this form in its entirety. The information and signature you provide below will be used to validate current and future account transactions such as withdrawals, internal transfers, and account information changes.
- Only one Account Owner/Agent Signature Card per account owner is required to be submitted to my529.
- Failure to complete and submit this document may delay future account transactions.

SUBMITTING THIS FORM

- Please print clearly—preferably in capital letters, using black or blue ink.
- To ask questions about completing this form, contact my529 toll-free at 800.418.2551 on business days from 7 a.m. to 6 p.m. MT.
- Return this form to: my529, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: my529, 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 U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Account Owner/Agent's Last Name	First Name	Middle Name

2 my529 Account Information

my529 Account Number	Beneficiary's Last Name	First Name
my529 Account Number	Beneficiary's Last Name	First Name
my529 Account Number	Beneficiary's Last Name	First Name
my529 Account Number	Beneficiary's Last Name	First Name

If the number of beneficiaries exceeds the space available, attach a separate page showing the information requested in this section for the additional beneficiaries.

3 Signature Authorization

By signing below,

- I certify that I have received, read, understand, and agree to all the terms and conditions in the Program Description and Account Agreement as presented when I opened my account online.
- I understand the my529 requires my name, U.S. Social Security or Taxpayer Identification Number, and signature in order to verify my identity.
- I certify that the information provided on this form is true and accurate.



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)