

For my529 Use Only								

Form 200

One-Time or Recurring Electronic Contributions Authorization/Change

ABOUT THIS FORM

• Use this form to authorize one-time or recurring electronic contributions from your checking or savings account to a my529 account. You can also change your contribution amount, change the dates the contributions are made, change your checking or savings account information, or cancel your one-time or recurring electronic contributions entirely.

IMPORTANT INFORMATION ABOUT YOUR ONE-TIME OR RECURRING ELECTRONIC CONTRIBUTION

- A my529 account must be opened before one-time or recurring electronic contributions can be authorized. For complete definitions and descriptions, see the Program Description.
- One-time or recurring electronic contributions to an Uniform Gifts to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) account may not be
 authorized and set up online. Use this form to make or add one-time or recurring electronic contributions to an UGMA/UTMA account.
- · Check the accuracy of the information provided, as rejected transactions could cause fees to be assessed by my529 and/or your financial institution.
- Requests in good order will usually be completed within three business days after my529 receives this form.

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	my529 Account Information			
	my529 Account Number	Account Owner/Agent's Last Name	First Name	
	Home Phone	Work Phone	Email	
	Beneficiary's Last Name		First Name	

2	Contrib	ution Or	otions	S											
~		Select all that apply: Make a one-time electronic contribution. Your electronic contribution will normally be pulled from your bank account within three to five business days after my529 receives this form. Complete sections 4, 5, and 6.													
	☐ Make a													five	
	Transaction amount \$														
	☐ Add a re	☐ Add a recurring electronic contribution. Complete sections 3, 4, 5, and 6.													
	Amount per debit \$														
	☐ Change the amount of my recurring electronic contribution. Select the month the change is to begin in section 3, and then complete section Current amount \$											te section 6.			
	New amount \$														
	☐ Change my recurring electronic contribution date(s). Select new recurring electronic contribution dates in section 3, and then complete section 6.												nplete		
	☐ Change	my bank a	ccoun	t inforn	nation. Sele	ect the mo	nth the ch	nange is to	begin in	section 3,	and then c	omplete s	ections 4,	5, and 6	ì.
	☐ Cancel my one-time or recurring electronic contributions. Complete section 6.														
3	Recurri	ing Cont	tribut	ion S	chedule	!									
	The first co	ntribution m	ay not i	be more	than 60 da	ys from the	e date this	form is s	ubmitted.						
	The first contribution may not be more than 60 days from the date this form is submitted. If you do not select a month, the first available month will be chosen for you. If you do not select a date, your electronic contributions will be invested or the 25th of each month. If the date you select occurs on a nonbusiness day, the transaction will occur on the following business day.											invested on			
										on will occi	ir on the id	ilowirig bu	isiriess daj	/.	
	Select the r	nonth to be	gin (or	change)) your electr	onic contri	,		y one.)						
	☐ JAN	☐ FEB	□ N	//AR	APR	☐ MAY		JN 🗌	JUL	AUG	SEP		CT	NOV	☐ DEC
	Select the c	date(s) to in	vest co	ntributio	ons into your	my529 ad	ccount. (Yo	ou can ch	oose up to	two dates	per month	1.)			
	<u> </u>	2 🗌	3	4	<u> </u>	☐ 6	<u> </u>	□ 8	<u> </u>	<u> </u>	<u> </u>	12	<u> </u>	<u> </u>	
	<u> </u>	<u></u> 16	17	<u> </u>	<u> </u>	20	21	22	<u>23</u>	24	<u> </u>	<u> </u>	<u> </u>	<u>28</u>	
4	Bank A	ccount (Owne	er Info	ormation	1									
_	Danki	oodan (• Will	J. 1111C	or made or	•									
	Bank Account Owner Last Name							First Name							
	Home Phone						Work Phone Email								

First Name



Joint Bank Account Owner Last Name

Bank Name Bank Phone **ABA Routing Number** Bank Account Number ☐ Savings (tape pre-printed withdrawal slip below) If you do not select a bank account type, my529 will automatically select checking. TAPE VOIDED CHECK OR PRE-PRINTED SAVINGS WITHDRAWAL SLIP IN THIS SPACE (Required only to set up new one-time or recurring electronic contributions or to change bank information.) Notes: 1. Other official bank documentation (i.e., bank statement, letter from bank) verifying the name(s) of the bank account owner(s) and bank account number are acceptable. 2. my529 UGMA/UTMA account agents: Please provide a withdrawal slip or voided check that shows the UGMA/UTMA designation of the bank account. If UGMA/UTMA is not shown on the withdrawal slip or voided check, please provide the withdrawal slip or voided check and any additional documentation that indicates the funds are UGMA/UTMA. Signature Authorization I hereby authorize my529 to debit a one-time electronic contribution and/or recurring electronic contributions from my checking or savings account. This authorization is to remain in full effect until my529 has received notification from me of its termination and my529 has had a reasonable opportunity to act on the termination notification. I understand that rejected transactions could cause fees to be assessed by my529 and/or my financial institution. If the bank account is owned jointly, I certify that I am authorized to initiate this transaction. · If the bank account is owned by an institution (such as a trust, corporation, or other entity), I certify that I am authorized to act on its behalf. · I understand that my529 is not liable for any consequences related to a custodian's improper use, transfer, or characterization of UGMA/UTMA funds. Sign here Date (mm/dd/yyyy) Bank Account Owner Signature Bank Account Owner Name (please print) Joint Bank Account Owner Signature (if applicable) Date (mm/dd/yyyy)

Joint Bank Account Owner Name (please print)

Bank Account Information