

my529 Account \_\_\_\_\_

Date Received by my529 \_\_\_\_\_

User Initials \_\_\_\_\_

## Form 500

### Account Information Change

#### ABOUT THIS FORM

- Complete this form only to change an address, telephone number, email address, or name.
- You can also change the following information online at my529.org: addresses, telephone numbers, email addresses.

#### 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 and any required documentation 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 Current Account Information

Account Owner/Agent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

my529 Account Number \_\_\_\_\_ Phone \_\_\_\_\_

Beneficiary's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

## 2 Corrections to Current Account Owner 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). **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)

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### 3 Updated Account Owner/Agent Information

**Residency Status:**       Utah taxpayer/resident       Non-Utah taxpayer/resident

Mailing Address (if your 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 \_\_\_\_\_

Email (optional) \_\_\_\_\_

### 4 Updated Beneficiary Information

Mailing Address (if your 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 \_\_\_\_\_

### 5 Signature Authorization

By signing below,

- I authorize the changes above to be made to my my529 account(s).
- 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 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)