

my529 Account ID No. _____

Date Received/Initials _____

Date Processed/Initials _____

Form 820

Individual Limited Power of Attorney Revocation

ABOUT THIS FORM

• Use this form to revoke an individual's limited power of attorney authority for your selected my529 accounts. You can also revoke the individual's limited power of attorney authority online at my529.org.

NEXT STEPS

- To revoke any limited power of attorney authorization on file with my529 and grant a new limited power of attorney authority for the **same** accounts, please submit a new Limited Power of Attorney Authorization form (Form 710 or 810) instead of this form.
- If the account owner/agent is changed on a my529 account, the limited power of attorney authorization associated with that account will be terminated immediately; this form is not required to be submitted.

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 888.529.1886 on business days from 7 a.m. to 5 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 Higher Education Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 888.529.9197.

1 Account Owner/Agent Information

| | | |
|-----------------------------|---------------|--------------------------------|
| U.S. Social Security Number | OR | Taxpayer Identification Number |
| _____ | | _____ |
| Last Name | First Name | Middle Name |
| _____ | _____ | _____ |
| () | | |
| Daytime Phone Number | Email Address | |
| _____ | _____ | |

2 my529 Account Selection Information

Complete section 2A or 2B to specify the my529 accounts for which you are revoking an individual's limited power of attorney authorization.

A. Revoke Limited Power of Attorney for Accounts for All Beneficiaries

Check this box to revoke limited power of attorney authority for ALL my529 accounts for ALL beneficiaries for which you are the account owner/agent.

OR

B. Revoke Limited Power of Attorney for Accounts for Selected Beneficiaries

Provide beneficiary information below to revoke limited power of attorney authority for all my529 accounts for which you are the account owner/agent for each of the listed beneficiaries.

| | | |
|----------------------------------|----------------------------|---|
| Beneficiary's Name (Last, First) | Date of Birth (mm/dd/yyyy) | U.S. Social Security Number or Taxpayer Identification Number |
| _____ | _____ | _____ |
| Beneficiary's Name (Last, First) | Date of Birth (mm/dd/yyyy) | U.S. Social Security Number or Taxpayer Identification Number |
| _____ | _____ | _____ |
| Beneficiary's Name (Last, First) | Date of Birth (mm/dd/yyyy) | U.S. Social Security Number or Taxpayer Identification Number |
| _____ | _____ | _____ |
| Beneficiary's Name (Last, First) | Date of Birth (mm/dd/yyyy) | U.S. Social Security Number or Taxpayer Identification Number |
| _____ | _____ | _____ |

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 Account Owner/Agent Signature

This revocation will remain in effect until my529 receives a new Limited Power of Attorney Authorization form (Form 710 or 810) from you, the account owner/agent.

By signing below, I hereby revoke any limited power of attorney authorization on file with my529 for the accounts specified in section 2 of this form.



Signature of Account Owner/Agent _____ Name of Account Owner/Agent (please print) _____ Date (mm/dd/yyyy) _____