

my529 Account _____

Date Received by my529 _____

User Initials _____

Form 515

Primary/Secondary Successor Owner Designation, Change, or Removal

ABOUT THIS FORM

- Complete this form to designate, add, change, or remove the current primary or secondary successor owner on your individual my529 account. You may also make these changes using your online account at my529.org.
- If your account is institutional or UGMA/UTMA, you may not designate a successor account owner.

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 5 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 Higher Education 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
my529 Account Number		Phone
Beneficiary's Last Name	First Name	Middle Name

2 Primary Successor Designation or Information Change

- To designate an individual as your primary successor or to change your current primary successor's information, complete section A. To designate an institution as your primary successor or to change the institution's information, complete section B.
- The successor/agent must be age 18 or older, and have a valid U.S. Social Security or Taxpayer Identification Number.

A. Primary Successor Is an Individual

This is a correction or change to the current successor information. Please attach applicable **legal documentation** (e.g., marriage license); my529 will not process this form without proper documentation.

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy) (Required-Must be age 18 or older)		

B. Primary Successor Is an Institution (Trust or Corporation)

- To designate or change the primary successor as a trust, you must include a copy of the following pages of the **trust document**: the title page, signature pages, any pages showing the names of the trustees, and any pages showing the name of a successor trustee.
- To designate or change the primary successor as a corporation or other entity, you must include a copy of the **appropriate documents** from the institution to show who is authorized to enter into agreements for the institution, along with their signatures.
- The trustee or agent for the institution named below certifies that he or she has the authority and capacity to sign and enter into this agreement for the institution named.

Institution Identity

U.S. Social Security Number	OR	Taxpayer Identification Number
Institution Name		

Successor Account Agent

This is the person authorized to act on behalf of the institution.

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)		

Continued on Next Page ➔

3 Secondary Successor Designation or Information Change

- To designate an individual as your secondary successor or change to your current secondary successor's information, complete section A. To designate an institution as your secondary successor or to change the institution's information, complete section B.
- The successor/agent must be age 18 or older, and have a valid U.S. Social Security or Taxpayer Identification Number.

A. Secondary Successor Is an Individual

This is a correction or change to the current successor information. Please attach applicable **legal documentation** (e.g., marriage license); my529 will not process this form without proper documentation.

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy) (Required-Must be age 18 or older)		

B. Secondary Successor Is an Institution (Trust or Corporation)

- To designate or change the secondary successor as a trust, you must include a copy of the following pages of the **trust document**: the title page, signature pages, any pages showing the names of the trustees, and any pages showing the name of a successor trustee.
- To designate or change the secondary successor as a corporation or other entity, you must include a copy of the **appropriate documents** from the institution to show who is authorized to enter into agreements for the institution, along with the necessary signatures.
- The trustee or agent for the institution named below certifies that he or she has the authority and capacity to sign and enter into this agreement for the institution named.

Institution Identity

U.S. Social Security Number	OR	Taxpayer Identification Number
Name of Institution		

Successor Account Agent

This is the person authorized to act on behalf of the institution.

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Last Name	First Name	Middle Name
Date of Birth (mm/dd/yyyy)		

4 Remove Successor(s)

- Check this box to remove all successor owners from your account. However, if you have named a new primary or secondary successor account owner in sections 2 or 3 above, leave this box unchecked.

5 Signature Authorization

By signing below,

- I understand that in the event of my death, the primary successor, if so designated, will assume ownership and control of the assets in the account once he or she completes an Account Owner/Agent Change form (Form 505). If the primary successor is unable to assume or declines ownership, the secondary successor, if so designated, will assume ownership of the assets in the account once he or she completes Form 505. If the secondary successor chooses not to accept this role, or if a successor owner was not designated, the beneficiary will become the account owner. If the beneficiary is a minor at the time the beneficiary becomes the account owner, the account will become an UGMA/UTMA account.
- I understand that I am bound by the terms, rights, and responsibilities stated in the my529 Program Description.
- I certify that the information on this form is true and accurate.



Account Owner Signature

Date (mm/dd/yyyy)

Account Owner Name (please print)