

For my529 Use Only	
my529 Account ID No.	
Date Received/Initials	
Date Processed/Initials	

Form 720

Entity Limited Power of Attorney Removal

ABOUT THIS FORM

• Use this form to remove an entity's limited power of attorney authority from my529 accounts.

- To remove 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.

	immediatel	y; this form is not requir		d power of attorne	ey authorization associated with that ac	ccount will be terminated		
	• Please prir			nk. To ask questio	ns 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, Utah Sys								
	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	Entity In	formation						
	Name of the	e entity whose limited po	ower of attorney authority will be re	moved.				
	Entity's Name	e (please print)			LPOA Number (optional)			
2	Accoun	t Owner Informa	tion					
	U.S. Social Se	ecurity Number	OR		Taxpayer Identification Number			
	Last Name		First Name		Middle Name			
3	mv529	Account Selection	on Information					
•	3 my529 Account Selection Information Complete section 3A or 3B to specify the my520 security for which you are remaining an autitude limited neuron of atternay outhorization.							
	Complete section 3A or 3B to specify the my529 accounts for which you are removing an entity's limited power of attorney authorization.							
	☐ A. Remove Limited Power of Attorney for accounts for all beneficiaries							
	Check this box to remove limited power of attorney authority for ALL my529 accounts for ALL beneficiaries.							
	OR De De	move Limited Days	er of Attornov for accounts for	r colocted ber	oficiarios (and mare 2 which is in	a a una unata al la v		
			part of this document.)	n selected bei	neficiaries (see page 2 which is ir	icorporated by		
	and reference and made part of this document.							
4	Signatu	re						
This removal will remain in effect until my529 receives a new Limited Power of Attorney Authorization form (Form 710 or 810) from the account own This removal can be signed by an entity representative.								
	By signing below, I hereby remove any limited power of attorney authorization on file with my529 for the accounts specified in section 3 of this form.							
	Required							
		Signature of Entity Repre	sentative	Name of Entity Rea	presentative (please print)	Date (mm/dd/yyyy)		
				or Emily Hop	(Produce printy)	2010 (, 00, , , , , , , , , , ,		

my529 Account Selection Information (Continued from Page 2)

Remove Limited Power of Attorney for accounts for selected beneficiaries Provide the information below to remove limited power of attorney authority for all my529 accounts for a specific beneficiary. Beneficiary's Name (Last, First) Date of Birth (mm/dd/yyyy) U.S. Social Security Number or Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Beneficiary's Name (Last, First) 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 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.