

For my529 Use Only					
my529 ID No					
Date Received by my529					
User Initials					

## **Form 115**

## Account Owner/Agent Signature Card with Signature Guarantee

## **ABOUT THIS FORM**

- Please complete this form in its entirety. The information and signature you provide below will be used to validate current and future account transactions such as withdrawals, internal transfers, and account information changes.
- Only one Account Owner/Agent Signature Card per account owner is required to be submitted to my529.
- Failure to complete and submit this document may delay future account transactions.

## 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 to: my529, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: my529, Utah 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					
	my529 Account Number					
	Account Owner/Agent's U.S. Social Security Number (Required)	OR		Taynover Identification Number (Paguired)		
	Account Owner/Agent's U.S. Social Security Number (Required)	OK .		Taxpayer Identification Number (Required)		
	Account Owner/Agent's Last Name	First Name		Phone		
2	Signature Authorization					
	By signing below,					
	• I understand the my529 requires my name, U.S. Social Security or Taxpayer Identification Number, and signature in order to verify my identity.					
	• I certify that the information provided on this form is true ar	nd accurate.				
	Required					
Į.	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)		
3	Signature Guarantee					
	• Affix a signature guarantee below. A signature guarantee is a stamped or typed assurance by a qualified financial institution (such as a bank, credit union, or brokerage firm) that indicates a signature is valid.					
	This form must be mailed to my529 with the original signatures and signature guarantee stamp. Faxed requests will NOT be accepted.					
	SIGNATURE GUARANTE	 :E	_ ¬	For my529 Use Only		
			I	Original Approved by		
	I		1			
	1					
	'		,			
	Please affix signature guarantee along with authorized	I signature title and date	'			