

my529 ID No. \_\_\_\_\_

Date Received/Initials \_\_\_\_\_

Date Processed/Initials \_\_\_\_\_

## Form 800

# Individual Limited Power of Attorney Registration

### ABOUT THIS FORM

- Use this form to register an individual who may be granted limited power of attorney authority with my529 and receive a LPOA Number.
- To register an entity that may be granted limited power of attorney authority, complete an Entity Limited Power of Attorney Registration form (Form 700) instead of this form.
- You only need to submit this form once to my529.
- my529 cannot and does not provide legal, financial, or tax advice. Accordingly, you should consult your legal advisor if you have any questions concerning the consequences of submitting this form.

### NEXT STEPS

- Upon successful processing of this form, my529 will send you a registration confirmation email. The email will provide instructions on how to view your LPOA Number and set up online access at [advisor.my529.org](http://advisor.my529.org).
- Provide your LPOA Number to each account owner/agent who grants you limited power of attorney authority using the Individual Limited Power of Attorney Authorization form (Form 810). The number is required to complete Form 810.

### 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 Individual Information

Check the box that applies to you, the individual who may be granted limited power of attorney authority:

Financial Advisor     Attorney     Accountant

Family Member/Friend     Other If other, please describe: \_\_\_\_\_

Individual's Name (Last, First) \_\_\_\_\_

U.S. Social Security Number or Taxpayer Identification Number \_\_\_\_\_

IARD/CRD Number (if applicable) \_\_\_\_\_

SEC Number (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if mailing address is a PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

( ) \_\_\_\_\_  
Phone Number

( ) \_\_\_\_\_  
Fax Number

Email Address \_\_\_\_\_

## 2 Signature Authorization (Required)

- By signing below, I certify and agree to register as an individual who may be granted limited power of attorney authority for designated my529 accounts as specified in the Individual Limited Power of Attorney Authorization form(s) (Form 810).
- I certify that I have the power and authority to sign this application.
- I understand that this form does not impose a duty on me to exercise any granted limited power of attorney authority; however, when I exercise such authority, I will be responsible for any resulting consequences of such actions, must use due care to act for the account owner/agent's benefit in accordance with the limited power of attorney authorization, and will be responsible for maintaining records relating to such actions.
- I understand that the signature provided below will be used to validate certain transactions.



\_\_\_\_\_  
Signature of the Individual

\_\_\_\_\_  
Name of the Individual (please print)

\_\_\_\_\_  
Date (mm/dd/yyyy)