



For my529 Use Only	
my529 Account _____	
Date Received/Initials _____	
Date Processed/Initials _____	

Form 225

Wire Transfer Notification

ABOUT THIS FORM

- Use this form to notify my529 of a one-time wire transfer contribution into your my529 account(s).
- **Wire transfers must be initiated by the contributor at the contributor's own financial institution.**

NEXT STEPS

- **A my529 account must be established before funds can be wire transferred.** my529 offers three types of accounts to save for the future qualified higher education expenses of a beneficiary: individual, institutional, or UGMA/UTMA. For complete definitions and descriptions, see the Program Description.
- A my529 UGMA/UTMA account may be funded with liquidated assets from an existing Uniform Gifts to Minors Act (UGMA) or Uniform Transfer to Minors Act (UTMA) account. Please attach documentation to this form that indicates the funds are from an UGMA/UTMA account.
- This form is required in addition to wire transfer forms that your financial institution may require. my529 cannot accept wire transfers without this form. Return this form to my529 prior to initiating the wire transfer with your financial institution.
- For each wire transfer, a \$15 fee will be charged to your my529 account(s) on the day of the transfer (prorated for multiple accounts).

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, 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 Contributor Information

Contributor's Name _____		Contributor's Primary Phone _____
		\$
Financial Institution Name _____	Financial Institution Account Number _____	Total Amount of Wire Transfer _____

2 my529 Account(s)

my529 Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
			\$
	Beneficiary's Last Name _____	First Name _____	Amount to contribute to this account _____
my529 Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
			\$
	Beneficiary's Last Name _____	First Name _____	Amount to contribute to this account _____
my529 Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
			\$
	Beneficiary's Last Name _____	First Name _____	Amount to contribute to this account _____

Attach additional forms if the number of my529 accounts to be contributed to exceeds the space available.

3 Wire Instructions

Your financial institution will require specific information from my529 to complete this transfer. See instructions below:

my529 Bank Account Information

Your financial institution will require specific information from my529 to complete this transfer. To obtain this information, contact my529 toll-free at 800.418.2551 on business days from 7 a.m. to 5 p.m. MT.

my529 Account Name

Utah Educational Savings Plan Trust
PO Box 145100
Salt Lake City, UT 84114-5100

Important: The bank information of my529 is strictly for the use of funding my529 accounts through the means of a wire transfer. Any other use of this information is prohibited. The user of this information is liable for losses incurred by its fraudulent use or dissemination.