my529®

For my529 Use Only

my529 Master Account No. _____

Date Received by my529 _____

User Initials _____

Form 900
CSA Entity Authorized Signer Card

ABOUT THIS FORM

- Use this form to designate authorized signer(s) who, in addition to the Account Agent, may sign my529 paper forms on behalf of an entity administering a children's savings account (CSA). State and local governments, affiliated agencies, and 501(c)(3) organizations are entities that can open a children's savings account through my529.
- Before submitting this form, sign a CSA Agreement for the entity with my529 and designate its Account Agent using the Master Account Agreement (Form 105).

NEXT STEPS

- The information and signatures provided below will be used to validate future transactions submitted by the entity using my529 paper forms.

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 or email it to csa@my529.org.

1 CSA Entity Information

CSA Entity Name | Taxpayer Identification Number | Program Name

CSA Entity Account Agent Name

2 CSA Entity's Authorized Signers

Authorized Signer's Name (Last, First)	Title	Signature

If the number of Authorized Signers exceeds the space available, attach a separate page showing the names, titles, and signatures of the additional Authorized Signers.

3 CSA Entity's Account Agent Signature Authorization (Required)

The Account Agent who signed the Master Account Agreement (Form 105) must sign below.

By signing below, I certify and agree that the information and signatures provided above are true and correct and will be used to validate certain future transactions submitted on behalf of the entity. I also represent and warrant that the Authorized Signers above have the authority to sign on behalf of the CSA Entity listed above.

Required

Signature of the Entity's Account Agent | Name of the Entity's Account Agent (please print) | Date (mm/dd/yyyy)