my529®

For my529 Use Only

my529 Account _____

Request Taken by _____

Date_____ Time_____

Comments Entered ☐

Form 980
CSA Read-Only Account Access Authorization Form

Upon your completion and signing of this form, the Children's Savings Account (CSA) Program will be allowed read-only access to information about your account and transaction data for the management of the CSA Program.

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 my529 Account Information

Account Number

Account Owner Name

Account Beneficiary Name

2 CSA Program Information

CSA Program Name

Name of Organization Administering the CSA Program

3 Agreement to Share Information with a CSA Program

I have read, understand, and agree to the Terms and Conditions below, including my approval for my529 to share my account transaction data and contact information—excluding my Social Security Number (SSN) or Taxpayer Identification Number (TIN)—as required for the management and evaluation of the CSA Program.

By signing below, I, as the Account Owner, agree to the following terms and conditions:

- I consent and confirm my intent to share information as set forth in this form with the CSA Program and will retain a copy of this form for my records.
- I consent to share survey, contact and general account information collected by my529 with the CSA Program to use as is necessary to monitor and maintain this account as part of the CSA Program.
- I consent to allow the CSA Program to contact me on matters concerning this account using the contact information I have provided in connection with this my529 account.
- I understand that I am allowing the CSA Program to view, download, transmit to its third-party agent(s), and/or instruct my529 to transmit to the CSA Program's third-party agent the following information related to the my529 account designated above: (1) the account number, (2) account owner and beneficiary names and contact information, (3) primary and secondary successor names, (4) transaction history, (5) investment options, (6) account balances, and (7) quarterly statements.
- I also understand that this does not give the CSA Program permission to make changes to the account.

In addition, this access to information about my my529 account will remain in effect for my selected my529 beneficiary in the event of a name change, merger, or sale of the CSA Program. If a name or ownership change occurs, I must affirmatively notify my529 of my desire to revoke or terminate this access on behalf of the new CSA Program or new entity administering the CSA Program.

_____

Signature of Account Owner

_____

Date