

For my529 Use Only
my529 Account _____
Request Taken by _____
Date _____ Time _____
Comments Entered <input type="checkbox"/>

Form 980 CSA Account Designation Form

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

Directions: Please fill out the following information, sign, and send to your CSA program contact.

1 my529 Account Information

Account Number

Account Owner Name

Account Beneficiary Name

2 CSA Program Information

CSA Entity Name (Organization administering the CSA)

CSA Program Name

3 Terms and Conditions of a CSA my529 Account Program

I have read, understand, and agree to the Terms and Conditions of the Program agreement (the Program Agreement), 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 Program.

By signing below, I, as the Account Owner:

- Consent and confirm my intent to enroll in the Program and will retain a copy of the Program Agreement for my records.
- Consent to share survey, contact and general account information collected by my529 with the Program to use as is necessary to monitor and maintain this account as part of the Program.
- Consent to allow the Program to contact me on matters concerning this account using the contact information I have provided in connection with this my529 account.

In addition, this access to account information will remain in effect for my selected my529 beneficiaries in the event of a name change, merger, or sale of the Program. When 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 entity.



Signature of Account Owner

Date