

my529 Master Account No. _____

Date Received/Initials _____

Date Processed/Initials _____

Form 910

CSA Entity Authorized Signer Revocation

ABOUT THIS FORM

- Use this form to revoke the authority of a CSA Entity signer on CSA Entity accounts.

NEXT STEPS

- To grant a new CSA Authorized Signer authority for entity accounts, please submit a new CSA Entity Authorized Signer instead of this form.

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 Authorized Signer Revocation

Revoke CSA Entity Authorized Signer(s)

Provide names of CSA Authorized Signers for whom you wish to revoke authority to CSA Entity accounts.

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

If the number of CSA Authorized Signers exceeds the space available, attach a separate page showing the information requested in this section for the additional Authorized Signers.

3 CSA Entity's Account Agent Signature (Required)

By signing below, I hereby revoke the above CSA Entity Authorized Signer on file with my529 for any accounts owned by the CSA Entity noted above.



Signature of Entity's Account Agent

Name of the Entity's Account Agent (Please Print)

Date (mm/dd/yyyy)