

my529 Account _____

Date Received by my529 _____

User Initials _____

Form 760

Advisor-Initiated Electronic Withdrawals to Bank Account - Authorization or Cancellation

ABOUT THIS FORM

- Use this form to authorize your financial advisor to make electronic withdrawals from your my529 account(s) into the bank account listed below.
- You can also use this form to cancel the authorization. Cancelling the authorization does not require a notarized signature.
- You can also cancel the authorization online at my529.org, or by calling my529.
- You must grant your financial advisor Level 3 Limited Power of Attorney access to use this form. This can be done by submitting a completed Form 710, or by logging in to your account at my529.org.
- The bank account must be owned by you, the my529 account owner, and already verified with my529. If you need to verify your bank account or confirm if your bank account is verified, please call my529 at 800.418.2551. Then fill out 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 888.529.1886 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, Utah Board of Higher Education Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 888.529.9197.

1 my529 Account Information

my529 Account Owner/Agent SSN _____

Account Owner's Last Name _____

First Name _____

Phone _____

Email _____

2 Bank Account Information

- Confirm the account you have already validated on your my529 account(s).
- This will authorize your financial advisor to make electronic withdrawals from your my529 account(s) into your bank account listed below.

Bank Name _____

Bank Phone _____

Last Four Digits of Bank Account Number

3 Financial Advisor Firm (Required)

Firm Name _____

LPOA Number _____

Authorization for electronic withdrawal from your my529 account(s) to the bank account(s) listed above.

Specify Action: Add Cancel

Continued on Next Page ⇨

4 Account Owner/Agent Signature and Notarization

Your signature on this form must be notarized and returned to my529.

By signing below, I understand, agree, and certify that:

- I am authorizing the financial advisor firm named in section 3 to make electronic withdrawals from my my529 account(s) to my bank account listed in section 2.
- I have the power and authority to grant this action.
- This authorization does not impose a duty on the financial advisor firm to exercise the granted authority; however, when such authority is exercised, the financial advisor firm will be responsible for any resulting consequences of such actions and will be responsible for maintaining records relating to such actions.
- I will indemnify and hold harmless my529, the State of Utah, the Utah Board of Higher Education, the Utah Higher Education Assistance Authority Board of Directors and their officials, employees, and agents from and against any and all liability, claims, suits, losses, costs, and legal fees caused by, arising out of, or resulting from acting upon instructions believed by any of them to have originated from the financial advisor firm to whom I grant this authorization.
- This authorization will remain in effect for my selected my529 account(s) until it is cancelled by form, online, or by calling my529.
- In addition, this authority will also remain in effect for my selected my529 beneficiaries in the event of a name change, merger, or sale of my designated LPOA financial advisor firm. When a merger or sale of my designated LPOA financial advisor firm occurs, I must affirmatively notify my529 of my desire to cancel, revoke or terminate this authorization on behalf of the new financial advisor firm.



Signature of Account Owner/Agent

Date (mm/dd/yyyy)

Name of Account Owner/Agent (please print)

State of _____, in the county of _____

On this ____ day of _____, in the year _____, personally appeared before me, _____, proved on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and this instrument was acknowledged before me.

Witness my hand and official seal.

Signature of Notary Public

My Commission Expires

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