

For my529 Use Only
my529 Account _____
Date Received by my529 _____
User Initials _____
PIN _____
Date/Time Called _____

Form 120 Interested Party Authorization

ABOUT THIS FORM

- Use this form to grant an interested party read-only access to your online my529 account. You may also set up an interested party through your online account at my529.org. An interested party is a financial/tax advisor, scholarship program, family member, or other individual whom an account owner/agent allows to view one or more of their my529 accounts.
- The interested party does not have permission to modify or perform transactions on the account.
- The interested party can view, download, transmit to their third-party agent(s), and/or instruct my529 to transmit to the interested party's third-party agent: (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.
- If the interested party is a scholarship program, its third-party agents may include a school district or school that is participating in the scholarship program.
- For security purposes, interested parties will only be able to obtain the above information electronically.
- The account owner controls this online feature and can turn access on or off to selected individuals at any time.
- If the account owner/agent is changed on an account, all interested party access will be terminated.

SUBMITTING THIS FORM

- Please print clearly—preferably in capital letters, using black or blue ink. To ask questions about completing this form, contact us 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, 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 800.214.2956.

1 Account Owner/Agent Information

Account Owner/Agent's Last Name	First Name	Middle Name
Primary Phone	Email Address	

2 Interested Party Information

Check the box that applies to this interested party: Financial/tax advisor Family member Scholarship program Other

Interested Party's Last Name	First Name	Interested Party's Institution, Company, or Scholarship Program Name (if applicable)
Primary Phone	Email Address	

3 my529 Account Information

If the number of my529 accounts exceeds the space available, attach a separate page showing the information requested in this section for the additional accounts.

my529 Account Number*	Beneficiary's Last Name	First Name
my529 Account Number*	Beneficiary's Last Name	First Name

* If the my529 account has not yet been opened, provide the last four digits of the beneficiary's U.S. Social Security or Taxpayer Identification Number.

4 Signature Authorization

By signing below,

- I understand that I am allowing my interested party as named above to view, download, transmit to their third-party agent(s), and/or instruct my529 to transmit to my interested party's third-party agent the following information related to the my529 account(s) 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 my interested party permission to make changes to the account.



Signature of Account Owner/Agent

Date (mm/dd/yyyy)

Name of Account Owner/Agent (please print)

Title (if signed on behalf of a trust, corporation, or other institution)