

For my529 Use Only
my529 Account
Date Received/Initials
Date Processed/Initials

Form 200

One-Time or Recurring Electronic Contributions Authorization/Change

ABOUT THIS FORM

 Use this form to authorize one-time or recurring electronic contributions from your checking or savings account to a my529 account. You can also change your contribution amount, change the dates the contributions are made, change your checking or savings account information, or cancel your one-time or recurring electronic contributions entirely.

IMPORTANT INFORMATION ABOUT YOUR ONE-TIME OR RECURRING ELECTRONIC CONTRIBUTION

- A my529 account must be opened before one-time or recurring electronic contributions can be authorized. For complete definitions and descriptions, see the Program Description.
- One-time or recurring electronic contributions to an Uniform Gifts to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) account may not be
 authorized and set up online. Use this form to make or add one-time or recurring electronic contributions to an UGMA/UTMA account.
- Check the accuracy of the information provided, as rejected transactions could cause fees to be assessed by my529 and/or your financial institution.
- Requests in good order will usually be completed within three business days after my529 receives 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.

my529 Account Information	my529 Account Information									
my529 Account Number	Account Owner/Agent's Last Name	First Name								
Home Phone	Work Phone	Email								
Beneficiary's Last Name		First Name								

2	Contril	hution	Ontion	ne											
~		Contribution Options													
		Select all that apply:											fivo		
		☐ Make a one-time electronic contribution. Your electronic contribution will normally be pulled from your bank account within three to five business days after my529 receives this form. Complete sections 4, 5, and 6.											live		
		Transaction amount \$													
	☐ Add a recurring electronic contribution. Complete sections 3, 4, 5, and 6.														
		Amount per debit \$													
	☐ Change the amount of my recurring electronic contribution. Select the month the change is to begin in section 3, and then complete section 6										te section 6.				
		Current a	mount	\$				_							
	I	New amo	unt	\$				_							
	☐ Change my recurring electronic contribution date(s). Select new recurring electronic contribution dates in section 3, and then complete section 6.										nplete				
	☐ Chang	e my baı	nk accou	nt inforn	nation. Sel	ect the mo	nth the ch	nange is to	begin in	section 3,	and then o	omplete s	ections 4,	5, and 6	ì.
	☐ Cancel my one-time or recurring electronic contributions. Complete section 6.														
	D		4!	.t: O	-111										
3	3 Recurring Contribution Schedule														
			-		than 60 da	-					,				
	If you do not select a month, the first available month will be chosen for you. If you do not select a date, your electronic contributions will be invested on the 25th of each month. If the date you select occurs on a nonbusiness day, the transaction will occur on the following business day.											investea on			
	Select the	month to	o begin (o	r change) your electr	onic contr	ibutions. (Select onl	y one.)						
☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV								NOV	DEC						
									_						
	Select the	date(s) t	o invest c	ontributio	ons into you	r my529 ad	ccount. (Yo	ou can ch	oose up to	o two dates	per month	n.)			
	<u> </u>	_ 2	□ 3	4	□ 5	□ 6	□ 7	□ 8	<u> </u>	<u> </u>	11	12	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	17	<u> </u>	<u> </u>	20	21	22	<u>23</u>	24	25	□ 26	<u> </u>	<u>28</u>	
4	Bank A	Accour	nt Owr	ner Info	ormation	1									
Bank Account Owner Last Name							First Name								
	Home Phone						Work Pho	one			Em	nail			

First Name



Joint Bank Account Owner Last Name

Bank Name Bank Phone Bank Account Number **ABA Routing Number** ☐ Savings (tape pre-printed withdrawal slip below) If you do not select a bank account type, my529 will automatically select checking. TAPE VOIDED CHECK OR PRE-PRINTED SAVINGS WITHDRAWAL SLIP IN THIS SPACE (Required only to set up new one-time or recurring electronic contributions or to change bank information.) Notes: 1. Other official bank documentation (i.e., bank statement, letter from bank) verifying the name(s) of the bank account owner(s) and bank account number are acceptable. 2. my529 UGMA/UTMA account agents: Please provide a withdrawal slip or voided check that shows the UGMA/UTMA designation of the bank account. If UGMA/UTMA is not shown on the withdrawal slip or voided check, please provide the withdrawal slip or voided check and any additional documentation that indicates the funds are UGMA/UTMA. Signature Authorization • I hereby authorize my529 to debit a one-time electronic contribution and/or recurring electronic contributions from my checking or savings account. This authorization is to remain in full effect until my529 has received notification from me of its termination and my529 has had a reasonable opportunity to act on the termination notification. I understand that rejected transactions could cause fees to be assessed by my529 and/or my financial institution. If the bank account is owned jointly, I certify that I am authorized to initiate this transaction. · If the bank account is owned by an institution (such as a trust, corporation, or other entity), I certify that I am authorized to act on its behalf. • I understand that my529 is not liable for any consequences related to a custodian's improper use, transfer, or characterization of UGMA/UTMA funds. • If I am an authorized user in my529's Limited Power of Attorney (LPOA) program, and have been granted Level 2 or Level 3 LPOA authorization, I certify that I have been instructed and authorized by my client to add the bank account information contained herein and initiate a debit from that bank account to contribute to my client's my529 account(s). I and my firm agree to indemnify and hold harmless my529 for any losses associated with this transaction. Sign here Bank Account Owner Signature Date (mm/dd/yyyy) Bank Account Owner Name (please print) Joint Bank Account Owner Signature (if applicable) Date (mm/dd/yyyy)

Joint Bank Account Owner Name (please print)

Bank Account Information