

Form 100

Individual Account Agreement

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

ABOUT THIS FORM

· Use this form to establish a new individual account with UESP. You can also open an individual account online at uesp.org.

NEXT STEPS

- Read the UESP Program Description carefully. It contains important information you should know before enrolling in UESP.
- · Complete all required information on this Account Agreement. If you do not, the Account Agreement will be returned to you.

SUBMITTING THIS FORM

- To ask questions about completing this form, contact UESP toll-free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.
- Return this form and any required documentation to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, State Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.

PLEASE PRINT CLEARLY

1 Account Type

By completing and submitting this form, you will establish an individual 529 account—an account opened and owned by an adult (i.e., a person at least age 18). This is the most common UESP account type and can be opened online or by submitting this Individual Account Agreement (form 100).

To open an institutional or UGMA/UTMA custodial account, submit an Institutional Account Agreement (form 102) or UGMA/UTMA Custodial Account Agreement (form 104). For complete definitions and descriptions, see the *Program Participation Information* section of the Program Description.

2 Account Owner

Complete this section to name the account owner of an individual account.

- The account owner is the person who controls this account (i.e., designates the beneficiary, makes withdrawals, receives all statements, etc.).
- The account owner must be age 18 or older, and have a valid U.S. Social Security or Taxpayer Identification Number.
- There can only be one account owner for each account.

Check the box if applicable:	☐ Utah taxpayer/resident	
U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
Date of Birth (mm/dd/yyyy) (Required—must be	age 18 or older)	Email (optional)
Last Name	First Name	Middle Name
Mailing Address (if your mailing address is a PO	Box, a physical address must be provide	d below)
City	State	Zip Code
Physical Address (if different from mailing address	es)	
City	State	Zip Code
Home Phone	Work Phone	Other Phone

Continued on Next Page

3 Beneficiary

Complete this section to provide information about the beneficiary.

- The beneficiary is the individual whose qualified higher education expenses will be paid from the account.
- You may name only one beneficiary per account, and you may name yourself as a beneficiary.
- The beneficiary must have a valid U.S. Social Security or Taxpayer Identification Number.
- The individual designated as a beneficiary has no independent claim, right, or access to an account solely by virtue of such designation.

Required	Relationship to account owner:	☐ Child	☐ Grandchild	☐ Niece/nephew	☐ Spouse	☐ Self	☐ Other
Required	Check the box if applicable:	☐ Utah ta	xpayer/resident				
U.S. Social Se	ecurity Number (Required)	OR			Taxpaver Iden	tification Numb	per (Required)
0.0.000.0.00	(10401102)	-			ianpayor idon		, o. (1.0 4a 0 a)
Date of Birth (mm/dd/yyyy) (Required)						
Last Name		First	t Name		Middle Name		
Mailing Addres	ss (if your mailing address is a PO Bo	x, a physical a	address must be pr	ovided below)			
City		Stat	е		Zip Code		
Physical Addr	ess (if different from mailing address)						
City		Stat	e		Zip Code		
and a certif	account has been established, UESP icate for your beneficiary. The certificate name of the beneficiary and your na	ate (see the ex			UESP CER		
	d like a name other than yours to appearand Grandpa"), please write it here:	ear on the cer	tificate (for example	э,	[beneficiar		
				An account	for college has b [your name or		l for you by

4 Individual Successor Account Owner(s) (optional)

Complete this section to designate an individual as a primary and/or secondary successor account owner to your individual UESP account. This section is optional, but recommended.

- To designate an institutional account successor (a trust, corporation, or other entity), complete section 5 instead of this section.
- Subject to applicable law, the primary or secondary successor account owner will assume ownership of the account in the event of your death. The secondary successor will assume ownership of the account (1) in case of the death of both you and your primary successor, or (2) if the primary successor declines or is ineligible to take ownership.
- A successor account owner does not serve as a joint account owner. Only you may initiate and authorize account-related transactions or request account-related information.
- If you do not appoint a primary or secondary successor account owner and die before the account is closed, your beneficiary will become the account owner. If the beneficiary is a minor, the beneficiary will become the account owner subject to the appointment of a guardian/custodian. The account will then become a UGMA/UTMA custodial account, subject to the restrictions and limitations applicable to such accounts. Refer to the Program Description for more information.
- You may revoke this designation by accessing your account online at uesp.org or by submitting the Primary/Secondary Successor Owner Designation or Change form (form 515).
- A successor must be age 18 or older, and have a valid U.S. Social Security or Taxpayer Identification Number.

A. Primary	Individual	Successor.	Account	Owner
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Required	Check the box if applicable:	☐ Utah taxpayer/resident	
U.S. Social Se	ecurity Number (Required)	OR	Taxpayer Identification Number (Required)
Date of Birth (mm/dd/yyyy) (Required—must be	age 18 or older)	
Last Name		First Name	Middle Name
B. Secondary	Individual Successor Account C	Owner	
Required	Check the box if applicable:	☐ Utah taxpayer/resident	
P			
U.S. Social Se	ecurity Number (Required)	OR	Taxpayer Identification Number (Required)
Date of Birth (mm/dd/yyyy) (Required—must be	age 18 or older)	
Last Name		First Name	Middle Name

5 Institutional Successor Account Owner (optional)

A. Institutional Successor Account Owner

Complete this section to designate an institution as the successor account owner to your individual UESP account.

- · An institutional successor account owner is a trust, corporation, or other entity that will assume ownership of the account in the event of your death.
- To designate an individual as a primary and/or secondary successor account owner, complete section 4 instead of this section.
- To name a trust as the successor account owner, you must include a copy of the following pages of the trust document: the title page, signature pages, and any pages showing the names of the trustees and successor trustees.
- To name a corporation or other entity as the successor account owner, you must include a copy of the appropriate documents from the institution to show who is authorized to enter into agreements for the institution, along with their signature(s).

					7
Required	Is this institution established/regist	ered in the State of Utah?	?	☐ No	
Provide the fo	llowing information for the institutiona	successor account owner	er.		
J.S. Social Se	ecurity Number	OR			Taxpayer Identification Number
Institution/Trus	st Name				
B. Institution	al Account Agent				
Provide the intochalf of the in		accessor account agent.	This is the pers	son authorized	to act as the successor account owner on
U.S. Social Se	ecurity Number (Required)	OR			Taxpayer Identification Number (Required)
Date of Birth (mm/dd/yyyy) (Required—must be a	ge 18 or older)			Email (optional)

First Name

Middle Name

Last Name

6 Investment Option

Complete this section to indicate how contributions to your account should be invested.

- · You can invest your contributions in an age-based, static, or customized investment option, but you may choose only one investment option per account.
- If no investment option is selected on this form, all account money will be invested in the FDIC-Insured investment option.
- Investment options are described in detail in the *Investment Information* section of the Program Description. Please read the Program Description before selecting an investment option.
- · All future contributions will be invested in the investment option you select below, unless you change your investment option at a later date.
- IRS 529 rules provide for two investment option changes per beneficiary per calendar year.
- Please consider your investment time horizon before selecting an investment option.

age-Based Investment Options			Age-Based Aggressive Global
the age-based investment options, money automatically moved so it is invested less	Age-Based		Age-Based Aggressive Domestic
stock funds and more in bond funds d/or the FDIC-insured accounts as the			Age-Based Moderate
eneficiary ages. All age-based accounts as the eneficiary ages. All age-based accounts are rebalanced annually on the beneficiary's arthday or next available business day to keep be targeted asset allocation.			Age-Based Conservative
tatic Investment Options			Equity—100% Domestic
n the static investment options, money remains in the same allocation regardless of the			Equity—30% International
eneficiary's age or college enrollment status. The account is rebalanced annually on the			Equity—10% International
eneficiary's birthday or next available business ay to keep the targeted asset allocation.	Static		70% Equity/30% Fixed Income
	Sta		20% Equity/80% Fixed Income
			Fixed Income
			Public Treasurers' Investment Fund
DR			FDIC-Insured
To select a customized investment of Calculator available at uesp.org. Customized Investment Options In the customized investment options, you hake the full responsibility to determine the lasset allocations, which can consist of any		using t	this form, include a completed Customized Investment Optic Customized Age-Based—The Customized Age-Based investment option is offered for the account owner who wants to design an investment glide path from the available underlying funds that automatically reallocates as the beneficiary ages.
To select a customized investment of Calculator available at uesp.org. Customized Investment Options of the customized investment options, you take the full responsibility to determine the easet allocations, which can consist of any combination of offered funds. Please read the UESP Program Description for more information about the customized investment options.	Customized	vallable Available online online	this form, include a completed Customized Investment Option Customized Age-Based—The Customized Age-Based investment option is offered for the account owner who wants to design an investment glide path from the available underlying funds that automatically reallocates as the beneficiary ages. Customized Static—The Customized Static investment option is offered for th account owner who wants to design an allocation from the available underlying
To select a customized investment of Calculator available at uesp.org. Customized Investment Options In the customized investment options, you ake the full responsibility to determine the asset allocations, which can consist of any combination of offered funds. Please read the UESP Program Description for more information about the customized investment options. Quarterly Account Statements an	D Customized	using to aliable Available online online	Customized Age-Based—The Customized Age-Based investment option is offered for the account owner who wants to design an investment glide path from the available underlying funds that automatically reallocates as the beneficiary ages. Customized Static—The Customized Static investment option is offered for the account owner who wants to design an allocation from the available underlying funds that remain in the chosen allocation regardless of the beneficiary's age or college enrollment status.

If you select online delivery, you will be notified when your quarterly account statements and all other official UESP communications are available online. If you are a non-Utah resident, the Administrative Mail Delivery Fee (up to \$12 annually) will be waived. The Administrative Mail Delivery Fee does not apply to Utah residents.

If you choose to receive your quarterly account statements and other official UESP communications by U.S. mail, you will be assessed the Administrative Mail Delivery Fee (up to \$12 annually) if you are a non-Utah resident. The Administrative Mail Delivery Fee does not apply to Utah residents.

8 Initial Contribution (optional)

Complete this section to make a contribution in conjunction with opening your account.

- · Check all contribution sources that apply. See the Program Description for acceptable forms of payment.
- An individual account may not be funded with liquidated funds from an existing Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) custodial account. Please complete the UGMA/UTMA Custodial Account Agreement (form 104) to establish a UESP UGMA/UTMA custodial account that can receive contributions from a UGMA/UTMA custodial account source.

accour	it that can r	eceive co	ntributions	from a U	GMA/UTM	A custodia	al account	source.						
• The for	ms mentio	ned below	are availa	able online	e at uesp.o	rg or by c	alling toll-f	ree at 800	.418.2551.					
☐ Che	ck. \$ able to UES	SP" and th	ne payee's	Please m	nake check	s payable back of the	to UESP.	Third-part	y checks a	re accepte	d as long	as the che	ck is des	ignated as
	Time or R	_	Electronic	c Contrib	utions. Co	mplete se	ction 9 to	set up one	e-time or re	curring ele	ctronic co	ntributions	from che	ecking or
Inter	nal transfer	s consist	of transfer	ring mone	existing U bey between er of the far	existing l	JESP acco	ounts if the	e beneficia	ries, accou	nt owners	, or both a		00). nt, and the
	onths. For				Rollovers to									ery n the former
	Direct Rol	lover. Co	mplete an	d enclose	UESP's In	coming D	irect Rollov	ver form (f	orm 210).					
	statement provide thi	or other d s docume	ocumenta ntation, th	tion from t e full amo	If you the 529 produnt of the r d result in a	gram maı ollover wi	nager show II be consid	wing the p dered earr	rincipal and nings in co	d earnings mputing the	portions of earnings	of the rolloves portion of	ver. If you f any sub	u do not sequent
a cho not p witho	eck and a s rovide this Irawals fror	tatement documen n the acc	or other do tation, the ount. This	ocumenta full amou could resi	tion from the coult in adversals mon	e financia intribution se tax cor	al company will be con sequence	that shownsidered easify you take	vs the prince earnings in ke a nonqu	cipal and e	arnings po the earni	ortions of t	he ESA. n of subs	If you do
Form the e	n 1099-INT entire amou	issued by nt will be	the distrib	outing fina d earnings		ition that sing the ea	shows the arnings por	interest partion of any	aid upon re	demption.	If you do i	not provide	e this doo	ent or IRS cumentation, could result in
One-	Time o	r Recu	rring E	lectron	ic Cont	ributio	n Autho	orizatio	n (optic	nal)				
Comple	e this secti	on to mak	ce one-time	e or recur	ring electro	nic contrib	outions dire	ectly from	your bank	account.				
	changes coorm 200).	an be mad	de online a	at uesp.or	g or by sub	mitting a	completed	One-Time	e or Recurr	ing Electro	nic Contri	butions Au	thorizatio	on/Change
	check the		of the info	rmation p	rovided. Re	ejected tra	ansaction	s could c	ause fees	to be asse	essed by	UESP and	d/or your	•
A. Cont	ribution O	ptions												
Select a	ll that apply	/ :												
Req	uests in go	od order v	will usually	be comp	ction amou leted within unt per debi	n three bu	ısiness da	ys after U	ESP receiv		m.	w.)		
B. Cont	ribution S	chedule												
Select th	ne month to	begin yo	our contrib	utions.										
□JAN	☐ FE	В 🗆	MAR [APR	\square MAY	☐ JU	JN 🗆	JUL	☐ AUG	☐ SEP	□ 00	СТ 🗆	NOV	☐ DEC
Select th	ne date(s) t	o invest c	ontribution	ıs into you	ır UESP ac	count. (Yo	ou can cho	ose up to	two dates	per month.)			
□ 1	□ 2	□ 3	□ 4	□ 5	□ 6	□ 7	□ 8	□ 9	□ 10	□ 11	□ 12	□ 13	□ 14	
☐ 15	□ 16	□ 17	□ 18	□ 19	□ 20	□ 21	□ 22	□ 23	□ 24	□ 25	□ 26	□ 27	□ 28	

The first contribution may not be more than 60 days from the date this form is submitted. If you do not select a month, the first available month will be chosen for you. If you do not select a date, your 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.

9

C. Bank Account Information

- I hereby authorize UESP to debit a one-time electronic contribution and/or recurring electronic contribution from my checking or savings account. This authorization is to remain in full effect until UESP has received notification from me of its termination, and UESP has had a reasonable time period to act on the termination notification. 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.
- If the bank account has a UGMA/UTMA designation, I understand that it may **not** be used to fund an individual UESP account, but can be used to fund a UESP UGMA/UTMA custodial account for the same beneficiary using a UGMA/UTMA Custodial Account Agreement (form 104).

Bank Account Owner Name (please print)	Bank Account Owner Signature
Joint Bank Account Owner Name (if applicable; please print)	Joint Bank Account Owner Signature (if applicable)
Bank Name	Bank Phone
ABA Routing Number	Bank Account Number
Bank account type: Checking (tape voided check below) If you do not select a bank account type, UESP will automatically s	☐ Savings (tape pre-printed withdrawal slip below) select checking.
(Only if initiating one-tin	Required ne or recurring electronic contributions)
TAPE VOIDED CHECK OR PRE-PRIN	TED SAVINGS WITHDRAWAL SLIP IN THIS SPACE
(Required only if initiating one-time or recur	rring electronic contributions or to change bank information.)
Note: Other official bank documentation (e.g., bank statementation and bank account number are acceptable.	nt, letter from bank) verifying the name(s) of the bank account owner(s)

10 Modification, Merger, and Laws Governing Account Agreements

- a. This Account Agreement is subject to, and incorporates by reference, the policies* adopted by the Utah State Board of Regents acting in its capacity as the Utah Higher Education Assistance Authority and statutes governing UESP codified as UCA 53B-8a. Any amendments to statutes and regulations shall automatically amend this Agreement, and any changes to the policies, including investment allocations and fees, shall amend this Agreement after adoption by the Utah State Board of Regents.
- b. This Account Agreement, the Program Description, future updates to the Program Description, and the policies adopted by the Utah State Board of Regents constitute the entire Agreement between you and UESP. No person is authorized to make oral or written modifications to this Agreement.
- c. This Agreement shall be deemed to be performed in Salt Lake City, Utah, and the laws of the State of Utah shall govern the terms and conditions of the Agreement. Accounts shall be governed in accordance with the laws of the State of Utah and applicable federal law, including 26 USC Section 529, as amended. The venue for any action arising from or relating to an account shall be in state or federal court located in Salt Lake City, Utah.
- d. There may be both federal and state tax consequences to opening or contributing to a UESP account. Advice should be sought from a qualified tax advisor. UESP cannot and does not provide legal, financial, or tax advice. Accordingly, you should consult your own tax or financial advisor concerning your particular tax or financial situation or if you have any questions concerning opening an account.
- e. If you are not a Utah taxpayer or resident, you should consider whether the state in which you or the beneficiary resides or pays taxes offers a 529 program. That program may offer state tax or other benefits to its taxpayers or residents that may not be available through UESP.
- f. If UESP determines that there has been any material misrepresentation related to this Account Agreement or an account, the account may be cancelled and the account money returned to you, less any applicable fees and penalties.
- * For copies of the relevant Utah State Board of Regents policies, call UESP toll-free at 800.418.2551 or email info@uesp.org.



11 Signature Authorization

By signing below, I hereby apply for an individual account in UESP. I certify that:

- a. I am opening the individual account to provide for the qualified higher education expenses of the beneficiary identified in section 3. Each contribution to my account will be for that purpose, and I will not make any contributions in excess of limitations established by UESP.
- b. I am at least age 18, and have a valid U.S. Social Security or Taxpayer Identification Number.
- c. I understand that UESP may collect nonpublic personal information about me from third parties to verify my identity or prevent fraud. This personal information may include, among other things, my name and address, U.S. Social Security or Taxpayer Identification Number, and date of birth.
- d. I have the power and authority to sign and open an account with UESP.
- e. I have received, read, understand, and agree to all the terms and conditions in the Program Description and this Account Agreement and will retain a copy of this Account Agreement for my records.
- f. The information I have provided on this form—and all future information I will provide with respect to my account—is true, complete, and correct.
- g. I understand the account will be opened based on the information I provide.
- h. I understand the value of my account may vary depending on market conditions and the performance of the investment option I select. I understand that the account balance may be more or less than the total amount contributed to the account. I understand opening an account involves investment risk, including the possible loss of principal.
- i. I understand my investments are not insured or guaranteed by the State of Utah, UESP, the Utah State Board of Regents, the Utah Higher Education Assistance Authority, or any other state or federal government agency (except to the extent noted below regarding FDIC insurance), or any of the employees or directors of any such entities. I understand investments in the FDIC-insured accounts are insured by the FDIC up to the maximum amount set by federal law. Insurance coverage is based on the total of my investments in the FDIC-insured accounts at each of Sallie Mae Bank and U.S. Bank (the Banks) plus other accounts I hold at each of the Banks. It is my responsibility to determine how my UESP investments would be aggregated with other accounts at each Bank for purposes of the FDIC insurance.
- j. I have looked into the 529 plans in the state in which I pay taxes, as well as the state in which my beneficiary pays taxes, to see if they offer me tax or other benefits not offered by UESP.

Required					
Account Owne	r Signature		Date (mm/dd/		
Account Owne	r Name (please print)				
Have you provided the fo	ollowing?				
Have you provided the following? Section 2: Individual Account Owner Residency U.S. SSN or TIN Date of birth Section 3: Beneficiary Relationship to account owner Residency U.S. SSN or TIN Date of birth Section 4: Individual Successor Account Owner(s) (if designated) Residency U.S. SSN(s) or TIN(s) Date(s) of birth		(if designated) Institution's U. Supporting do Residency Agent's U.S. S Agent's date of Section 6: Investme	cuments SN or TIN If birth ent Option nt option y Account Statements	Section 8: Initial Contribution (if selected Contribution source Contribution amount Required documentation (if application 9:One-Time or Recurring Electric Contribution Authorization (if selectic Contribution amount Date(s) for electronic contributions Signatures of applicable bank account Voided check or savings withdraws Section 11: Account Owner Signature Account owner's signature	able) ronic rted) each month ount owners al slip
-		ne program and will		only. The information you provide is confid	dential.
How did you first hear ab			Annual Household Income:	Promotional Code:	
☐ Birth Certificate	☐ Presentation☐ Radio Ad		Less than \$25,000\$25,000−\$49,999		
☐ Community Event ☐ Doctor's Office	☐ Radio Ad		\$50,000=\$49,999 \$50,000=\$74,999		
☐ Family/Friends	☐ TV Ad		\$75,000-\$100,000		
☐ Financial/Tax Advisor	☐ Work		☐ More than \$100,000	Internal Use Only	
☐ Internet	☐ Sallie Mae Bank			Reviewed by:	
☐ Magazine/Newspaper	U.S. Bank				
☐ News Report	☐ Other			Authorized UESP Officer	Date

Return this form and any required documentation to: UESP, PO Box 145100, Salt Lake City, UT 84114-5100. For delivery by overnight carrier, send to: UESP, State Board of Regents Building, Gateway 2, 60 South 400 West, Salt Lake City, UT 84101-1284. You may also fax this form to 800.214.2956.