



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

Form 510 Beneficiary Change/Correction

• Complete this form to change the beneficiary on a current UESP account to another beneficiary or to make corrections regarding the current beneficiary.

Important Requirements and Tax Considerations

- The beneficiary cannot be changed on a UESP custodial account.
- The new beneficiary on this form MUST BE a "member of the family" of the current beneficiary, as defined in the Program Description. Otherwise, the change will be considered a non-qualified withdrawal and cannot be processed. Instead, you must submit a completed Withdrawal Request form (form 300). If you take a non-qualified withdrawal, the earnings will be subject to federal and applicable state income taxes, a federal penalty tax, and recapture of previously taken Utah state income tax credits or deductions.
- A change in beneficiary may result in a gift tax or generation-skipping transfer tax. Please consult your tax adviser.
- For account owners who are Utah taxpayers: If the current beneficiary was under age 19 when the account was opened and the new beneficiary is age 19 or older, you must recapture any previous amount deducted from your Utah state taxes. Also, no credit or deduction will be allowed for the current year's contributions or any future contributions to any beneficiary over age 19.

About 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 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, 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.

1 Account Owner/Agent Information

UESP Account Number	Current Beneficiary's Last Name	First Name
Account Owner/Agent's Last Name	First Name	Daytime Phone

2 Corrections to Current Beneficiary Information

Please attach a copy of legal documentation. **The change will not be made without proper documentation.**

This is a name change only.

U.S. Social Security Number (Required)	OR	Taxpayer Identification Number (Required)
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Date of Birth (mm/dd/yyyy)

Last Name	First Name	Middle Name
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Mailing Address (if your mailing address is a PO Box, a physical address must be provided below)

City	State	Zip Code
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Physical Address (if different from mailing address)

City	State	Zip Code
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3 New Beneficiary Information

To request an investment option change with this beneficiary change, please complete and attach the Investment Option Change form (form 405).

U.S. Social Security Number **(Required)** **OR** Taxpayer Identification Number **(Required)**

Date of Birth (mm/dd/yyyy)

Last Name First Name Middle Name

Mailing Address (if your mailing address is a PO Box, a physical address must be provided below)

City State Zip Code

Physical Address (if different from mailing address)

City State Zip Code

Check all boxes that apply to the new beneficiary:

- The new beneficiary is a member of the family of the current beneficiary, as defined in the Program Description.**
- U.S. citizen or resident alien
- Utah taxpayer/resident
- Currently enrolled in college or university

Relationship to account owner (or relationship for an institutional account):

- Child
- Grandchild
- Niece/Nephew
- Spouse
- Self
- Other

4 Signature Authorization

By signing below,

- a. I authorize the correction or change of beneficiary for my account.
- b. I certify that if I am requesting a change of beneficiary, the new beneficiary is a "member of the family" of the current beneficiary, as defined in the Program Description.
- c. I certify that I have read and agree to the terms and conditions of the Program Description and the Account Agreement I signed when I opened the UESP account.
- d. I certify that the information on this form is true and accurate.



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)