



2009 YEAR-END TAX REMINDERS

Save for college. Save on taxes.

- Contributions for the 2009 tax year are due at the Utah Educational Savings Plan office before **5:00 p.m. (Mountain Time), Thursday, December 31, 2009**. (This includes online contributions.) Mailed contributions postmarked on or before this date but **not received** at the Utah Educational Savings Plan office until 2010 will be applied as a 2010 contribution and qualify towards the 2010 tax credit.
- In 2009, Utah taxpayers can claim a 5 percent tax credit on UESP contributions. If filing an individual tax return, contributions up to \$1,740 *per beneficiary* count toward the credit. If filing a joint return, contributions up to \$3,480 *per beneficiary* count toward the credit. To receive the credit, the beneficiary on the account must have been designated as such before their 19th birthday.
- Utah residents do not receive a Utah state tax credit for contributions to other states' 529 plans.
- For more information, call 800.418.2551 or visit our Web site at www.uesp.org.

Instructions for sending your contribution.

1

ONLINE

1. Go to www.uesp.org
2. Log into *Account Access*
3. Click *Manage Contributions* and select a contribution type
4. Enter banking information

Carefully enter and verify your banking information

2

STANDARD MAIL

Utah Educational Savings Plan
PO Box 145100
Salt Lake City, UT 84114-5100

Allow adequate time to mail your contribution

Write the account number and beneficiary's name on the check

3

HAND/OVERNIGHT DELIVERY

Utah Educational Savings Plan
Board of Regents Building
Gateway 2, 60 South 400 West
Salt Lake City, UT 84101-1284

If delivering in person, allow adequate time to find parking

Write the account number and beneficiary's name on the check



Form 100 Account Agreement

For UESP Use Only	O
UESP ID Number _____	
Date Received by UESP _____	
User Initials _____	

- Use this form to establish a new account with UESP. You can also enroll online at www.uesp.org.
- Review the UESP Program Description carefully. It contains important information you should know before enrolling in UESP.
- If you are not a Utah taxpayer or resident, please determine whether the state in which you or your beneficiary live or pay taxes offers a 529 plan that provides state tax or other benefits not otherwise available to you through UESP.
- Complete all required information on this Account Agreement. If you do not, the Account Agreement will be returned to you.
- 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 Type

Select one of the account types below. For definitions of account types, see the *Program Participation Information* section of the Program Description.

Individual 529 Account (complete all sections except section 4).

Institutional 529 Account in the name of a trust, corporation, or other entity (complete all sections except sections 2 & 3).

Custodial 529 Account (complete all sections except sections 3 & 4). You may choose this option only if assets are liquidated from **Uniform Gifts to Minors Act (UGMA)** or **Uniform Transfers to Minors Act (UTMA)** custodial accounts. This may be a taxable event.

If you do not select an account type, the Individual Account option will be selected for you.

2 Individual Account Owner or Custodial Account Agent

Complete this section to name the account owner of an **individual account** or to name an agent/custodian for a **custodial UGMA/UTMA account**.

- The account owner/agent is the person who controls this account (designates the beneficiary, withdraws funds, receives all statements, etc.).
- The account owner/agent must be a U.S. citizen or resident alien, be **age 18** or older, and have a valid U.S. Social Security or Taxpayer Identification number.
- There can only be one account owner/agent for each account.

	Check all boxes that apply to the account owner/agent:	<input type="checkbox"/> U.S. citizen/resident alien	<input type="checkbox"/> Utah taxpayer/resident

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

Date of Birth (mm/dd/yyyy) **(Required)** E-mail (optional)

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

Home Phone (including area code) Work Phone (including area code) Other Phone (including area code)

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3 Individual Successor Account Owner

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.

- This section **does not apply to institutional accounts or custodial UGMA/UTMA accounts**. Neither type can have a successor owner.
- To **designate an institutional successor (a trust or corporation), complete section 4 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 the account owner's death. The secondary successor will assume ownership of the account (1) in case of the death of both the account owner and 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 UESP account owner. Only the account owner 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 successor 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 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 www.uesp.org or by submitting the Primary/Secondary Successor Owner Designation or Change form (form 515).
- The primary and secondary successor account owners must be U.S. citizens or resident aliens and be **age 18** or older.
- The primary and secondary successor account owners must each have a valid U.S. Social Security or Taxpayer Identification number.

A. Primary Individual Successor Account Owner

	Check all boxes that apply to the primary successor:	<input type="checkbox"/> U.S. citizen/resident alien	<input type="checkbox"/> Utah taxpayer/resident
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U.S. Social Security Number **(Required)** OR Taxpayer Identification Number **(Required)**

Date of Birth (mm/dd/yyyy) **(Required)** _____

Last Name First Name Middle Name

B. Secondary Individual Successor Account Owner

	Check all boxes that apply to the secondary successor:	<input type="checkbox"/> U.S. citizen/resident alien	<input type="checkbox"/> Utah taxpayer/resident
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U.S. Social Security Number **(Required)** OR Taxpayer Identification Number **(Required)**

Date of Birth (mm/dd/yyyy) **(Required)** _____

Last Name First Name Middle Name

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4 Institutional Account Owner or Institutional Successor

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

- An institutional account owner is a trust, corporation, or other organization saving for the future higher education expenses of a beneficiary.
- To name a trust as the account owner or 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 account owner or 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 signatures.
- The person signing this Account Agreement, as trustee or agent for the institution named below, certifies that he or she has the authority and capacity to sign and enter into this Account Agreement for the institution named.
- **The institutional account owner must have a valid U.S. Social Security or Taxpayer Identification number.**

A. Institutional Account Owner Information

Provide the following information for the institutional account owner.

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

Name of Institution/Trust

	Is this institution established/registered in the state of Utah?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Institutional Account Agent

Provide the information below for the institutional account agent. This is the person authorized to act as the account owner on behalf of the institution.

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

Date of Birth (mm/dd/yyyy) **(Required)** E-mail (optional)

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

Home Phone (including area code) Work Phone (including area code) Other Phone (including area code)

Continued on Next Page 

5 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. The beneficiary must be a U.S. citizen or resident alien.
- **The beneficiary must have a valid U.S. Social Security or Taxpayer Identification number.**
- You may name yourself as the beneficiary.
- The individual designated as a beneficiary has no independent claim, right, or access to any funds in an account solely by virtue of such designation.
- If the account is being funded with UGMA/UTMA assets, the beneficiary must be the same person as the minor on the UGMA/UTMA account.



Relationship to account owner/agent:	Child	Grandchild	Niece/Nephew	Spouse	Self	Other
Check all boxes that apply to the beneficiary:	U.S. citizen/resident alien		Utah taxpayer/resident			

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

Date of Birth (mm/dd/yyyy) **(Required)**

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

<p>Once your account has been established, UESP will send you a confirmation letter and a certificate for your beneficiary. The certificate (see the example on the right) includes the name of the beneficiary and the name of the account owner.</p> <p>If you would like a name other than the account owner's to appear on the certificate (for example, "Grandma and Grandpa"), please write it here:</p> <p>_____</p>	<p>UESP TRUST CERTIFICATE</p> <p><i>presented to</i> [beneficiary name]</p> <p><i>A trust account for college has been established for you by</i> → [account owner name or other name]</p>
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6 Investment Options

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

- You may choose only one investment option per account. Investment options are described in detail in the *Investment Information* section of the Program Description. *If no investment option is selected on this form, all account money will be invested in Option 11.*
- All future contributions will be invested in the investment option you initially select, unless you change your investment option selection.
- Choose carefully. IRS 529 rules provide for a limited number of option changes per beneficiary per calendar year.

Select one investment option:

- | | |
|---|---|
| Option 1: PTIF (Static) | Option 7: Diversified—A (Age-based)* |
| Option 2: S&P/Bonds/Savings (Age-based)* | Option 8: Diversified—B (Age-based)* |
| Option 3: S&P/Bonds (Age-based) | Option 9: Diversified—Bonds Emphasis (Age-based)* |
| Option 4: S&P Index (Static) | Option 10: Equities—30% International (Static) |
| Option 5: Bonds (Static) | Option 11: FDIC-Insured Savings (Static)* |
| Option 6: Equities—10% International (Static) | |

* These options invest all (Option 11) or a portion (Options 2, 7, 8, and 9) of your contributions into an FDIC-insured savings account held in trust by UESP at Zions First National Bank (Bank). Funds in the savings account are insured by the FDIC on a pass-through basis to each account owner up to the maximum amount set by federal law—currently \$250,000 through December 31, 2013, and \$100,000 thereafter. The amount of FDIC insurance provided to an account owner is based on the total of (1) the value of an account owner's investment in UESP's FDIC-insured savings account plus (2) the value of other accounts held (if any) at the Bank, as determined by the Bank and by FDIC regulations.

7 Initial Contribution (Optional)

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

- Check all contribution sources that apply. See the Program Description for acceptable forms of payment.
- Indicate the amount of your initial contribution, if any.

Check. \$ _____ Please make checks payable to UESP. Note that third-party checks must be payable to the account owner or the beneficiary and properly endorsed to UESP.

Automated Contributions. Complete section 8 to set up automated contributions from checking or savings account(s).

Internal Transfer. I am transferring money from an existing UESP account to this new account. I have attached a UESP Internal Transfer form (form 400), available online at www.uesp.org or by calling 800.418.2551. Internal transfers consist of transferring money between existing UESP accounts where the beneficiaries, account owners, or both are different.

Rollover from another qualified 529 plan. Note that rollovers between 529 plans for the benefit of the same beneficiary are limited to once every 12 months. In order for this transfer to be a qualified rollover, the contribution to the account must be made within 60 days of the withdrawal from the former 529 plan.

Direct Rollover. Complete and enclose UESP's Incoming Direct Rollover form (form 210), available online at www.uesp.org or by calling 800.418.2551.

Indirect Rollover. \$ _____ If you have already liquidated assets from another 529 plan, you must enclose a check and a statement or other documentation from the 529 program manager showing the principal and earnings portion of the rollover. If you do not provide this documentation, the full amount of the rollover will be considered earnings in computing the earnings portion of any subsequent withdrawal from the account, which could result in adverse tax consequences if you take a non-qualified withdrawal from your account.

Coverdell Education Savings Account (ESA). \$ _____ **You must first liquidate the investments in your ESA.** Enclose a check and a statement or other documentation from the financial company that shows the principal and earnings portion of the ESA. If you do not provide this documentation, the full amount of the contribution will be considered earnings in computing the earnings portion of subsequent withdrawals from the account. This could result in adverse tax consequences if you take a non-qualified withdrawal from your account. If the financial company requires a letter of acceptance to transfer funds into UESP, please contact us.

Qualified U.S. Savings Bonds. \$ _____ **You must first liquidate the bonds.** Enclose a check and attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption. If you do not provide this documentation, the entire amount will be considered earnings in computing the earnings portion of any subsequent withdrawal from the account, which could result in adverse tax consequences if you take a non-qualified withdrawal from your account.

UGMA/UTMA Assets. \$ _____ I am funding the account with the proceeds from the sale of assets held in a custodial account that was established under a UGMA/UTMA for the benefit of the beneficiary named in section 5 of this Agreement. I have read the Program Description and understand that I will be considered the custodian of this account as a UGMA/UTMA custodian for such beneficiary. I understand that this means I will not be able to change the beneficiary on this account or make non-qualified withdrawals other than for the benefit of such beneficiary. I understand that these same restrictions will apply to all contributions made to this account in the future, regardless of the source of the funds. I also understand that the beneficiary will become the account owner at such time as he or she reaches the age of majority in the state under which the UGMA/UTMA was originally created.

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8 Automated Contribution Authorization (Optional)

Complete this section to make automated contributions (one-time or recurring) directly from your bank account. Future changes can be made online at www.uesp.org or by submitting a completed Automated Contributions Authorization/Change form (form 200).

- Please check the accuracy of the information provided. **Rejected transactions or insufficient funds could cause fees to be assessed by UESP and/or your financial institution.** Allow five business days to process this request.

A. Automated Contribution Options

Select all that apply:

One-time contribution. Transaction amount \$ _____ (Complete part C below.)

Recurring contributions. Amount per debit \$ _____ (Complete parts B and C below.)

B. Contribution Schedule

Select the month to **begin** your automated contributions.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Select the date(s) to pull funds from your account. (You can choose 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 begin on the 5th of each month. If the date you select occurs on a non-business day, the transaction will occur on the following business day.

C. Bank Account Information

- I hereby authorize UESP to debit a one-time contribution and/or recurring contributions 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 it can only be used to fund custodial UESP accounts.

Bank Account Owner's Name (please print)

Signature of Bank Account Owner

Joint Bank Account Owner's Name (if applicable; please print)

Signature of Joint Bank Account Owner (if applicable)

Bank Name

Bank Phone (including area code)

ABA Routing Number

Bank Account Number

Account type: Checking (tape voided check below) Savings (tape withdrawal slip below)

If you do not select a bank account type, UESP will automatically select checking.

Required

TAPE VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP IN THIS SPACE

Sign on the next page

9 Modification, Merger, and Laws Governing Account Agreements

- a. This Account Agreement is subject to, and incorporates by reference, the operating procedures and policies adopted by the Utah State Board of Regents, acting in its capacity as the Utah Higher Education Assistance Authority, and statutes governing the trust codified as UCA 53B-8a. Any amendments to statutes and regulations shall automatically amend this Agreement and any changes to operating procedures and 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, and the program rules adopted by the Utah State Board of Regents constitute the entire agreement between the account owner 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 adviser. UESP cannot and does not provide legal, financial, or tax advice. Accordingly, you should consult your own tax or financial adviser concerning your particular tax or financial situation or if you have any questions concerning opening an account.
- e. If you are not a Utah 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 residents or taxpayers 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 the account owner, less any applicable fees and penalties.

10 Signature Authorization

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

- a. I am opening the account to provide for the qualified higher education expenses of the beneficiary identified in section 5. 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 18 years of age, a citizen of the United States or a resident alien, and have a valid U.S. Social Security or Taxpayer Identification number.
- c. I understand that UESP may collect non-public 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 will retain a copy of this document 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 that the account will be opened based on the information I provide.
- h. I understand that 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 that opening an account involves investment risk, including the possible loss of principal.
- i. I understand that 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 that investments in UESP's FDIC-insured savings account are insured by the FDIC up to the maximum amount set by federal law. Insurance coverage is subject to the total of my investments in UESP's FDIC-insured savings account plus other accounts I hold at Zions First National Bank (Bank). It is my responsibility to determine how my UESP investments would be aggregated with other accounts at the Bank for purposes of the FDIC insurance.
- j. I have looked into the 529 plan in the state in which I pay taxes, as well as the state in which my beneficiary pays taxes, to see if it offers tax or other benefits to me that are not offered by UESP.



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)

Have you provided the following?

Section 1: Account Type

Account type

Section 2: Individual Account Owner/Agent

Residency

SSN or TIN

Date of birth

Section 3: Individual Successor Account Owner(s)

Residency

SSN(s) or TIN(s)

Date(s) of birth

Section 4: Instit. Account Owner/Successor

Institution's SSN or TIN

Supporting documents

Agent's SSN or TIN

Agent's date of birth

Section 5: Beneficiary

Relationship to account owner/agent

Residency

SSN or TIN

Date of birth

Section 6: Investment Option Selection

One investment option

Section 7: Initial Contribution (if selected)

Contribution source

Contribution amount

Required documentation (if applicable)

Section 8: Automated Contributions (if selected)

Contribution amount

Date(s) for automated contributions each month

Signatures of applicable bank account owners

Voided check or savings withdrawal slip

Section 10 – Signature Authorization

Account owner's signature

Internal Use Only	
Reviewed by:	
Authorized UESP Officer	Date

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The following information will help UESP to improve the program and will be used for research purposes only. The information you provide is confidential.

How did you first hear about UESP?

Birth Certificate	Presentation
Community Event	Radio Ad
Doctor's Office	School
Family/Friends	TV Ad
Financial/Tax Adviser	Work
Internet	Zions Bank
Magazine/Newspaper	Other _____
News Report	

Annual Household Income

Less than \$25,000
\$25,000-\$49,999
\$50,000-\$74,999
\$75,000-\$100,000
Over \$100,000

Promotional Code _____

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- UESP respects your right to privacy and recognizes the obligation to keep your information secure and confidential. To read UESP's Privacy Policy, refer to the Program Description or visit www.uesp.org.
 - 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.
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