Utah Educational Savings Plan®

Clear form

For UESP Use Only

UESP ID No. _____

Date Received by UESP _____

User Initials _____

Form 110
Account Owner/Agent Signature Card

After printing the completed form, close your browser to protect your personal information.

ABOUT THIS FORM

- This form is used to secure the signature of an account owner who opens an account online.
- Please complete this form in its entirety. The information and signature you provide below will be used to validate current and future account transactions such as withdrawals, internal transfers, and account information changes.
- Only one Account Owner/Agent Signature Card per account owner is required to be submitted to UESP.
- Failure to complete and submit this document may delay future account transactions.

SUBMITTING THIS FORM

- Please print clearly—preferably in capital letters, using black or blue ink.
- 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 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 (for UESP accounts set up online)

Account Owner/Agent's U.S. Social Security Number **(Required)** **OR** Taxpayer Identification Number **(Required)**

Account Owner/Agent's Last Name | First Name | Middle Name

2 Signature Authorization

By signing below,

- I certify that I have received, read, understand, and agree to all the terms and conditions in the Program Description and Account Agreement as presented when I opened my account online.
- I understand the Utah Educational Savings Plan requires my name, U.S. Social Security or Taxpayer Identification Number, and signature in order to verify my identity.
- I certify that the information provided on this form is true and accurate.

Required

Remember to sign here after printing

Account Owner/Agent Signature

Date (mm/dd/yyyy)

Account Owner/Agent Name (please print)

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

Click here to print

The terms Utah Educational Savings Plan and UESP are registered service marks.