



For UESP Use Only	○
UESP ID No. _____	
Date Received by UESP _____	
User Initials _____	

Form 110

Account Owner/Agent Signature Card

- 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.
- 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 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'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.



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)