



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

Form 225

Wire Transfer Notification

- Use this form to notify UESP of a one-time wire transfer contribution into your UESP account(s).
- **Wire transfers must be initiated by the contributor at the contributor's own financial institution.** Only wire transfers from a checking or savings account can be accepted.
- **A UESP account must be established before funds can be wire transferred.** UESP offers three types of accounts to save for the future qualified higher education expenses of a beneficiary: individual, institutional, or UGMA/UTMA custodial. For complete definitions and descriptions, see the *Program Participation Information* section of the Program Description.
- A UESP UGMA/UTMA custodial account may **only** be funded with liquidated assets from an existing Uniform Gifts to Minors Act (UGMA) or Uniform Transfer to Minors Act (UTMA) custodial account. Please provide documentation that indicates the funds are UGMA/UTMA.
- **Before performing a wire transfer, you must receive confirmation from UESP that your account has been opened.**
- This form is required in addition to wire transfer forms that your financial institution may require. UESP cannot accept wire transfers without this form.
- For each wire transfer, a \$15 fee will be charged to your UESP account(s) on the day of the transfer (pro-rated for multiple accounts).
- Requests in good order will usually be completed within three business days after UESP receives this form.
- Please print clearly—preferably in capital letters, using black or blue ink.
- If you have 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.

1 Contributor Information

Sender's Name _____		Sender's Daytime Phone _____
		\$
Financial Institution Name _____	Financial Institution Account Number _____	Total Amount of Wire Transfer _____

2 Account Information

UESP Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
	Beneficiary's Last Name _____	First Name _____	\$ Amount to post to this account
UESP Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
	Beneficiary's Last Name _____	First Name _____	\$ Amount to post to this account
UESP Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
	Beneficiary's Last Name _____	First Name _____	\$ Amount to post to this account
UESP Account Number _____	Account Owner/Agent's Last Name _____	First Name _____	
	Beneficiary's Last Name _____	First Name _____	\$ Amount to post to this account

3 Wire Instructions

Your financial institution will require specific information from UESP to complete this transfer. To obtain this information, contact UESP toll free at 800.418.2551 on business days from 8:00 a.m. to 5:00 p.m., Mountain Time.

Send 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.

Attach additional forms if the number of UESP accounts to be credited exceeds the space available.