



For UESP Use Only	○
UESP Account _____	
Date Received by UESP _____	
User Initials _____	

Form 500

Account Information Change

- Complete this form only to **change an address, telephone number, e-mail address, or name**.
- You can also change the following information online at uesp.org: addresses, telephone numbers, e-mail addresses.
- 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 Current Account Information

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

2 Name Change Only

- I am changing this name due to marriage, divorce, or adoption.
- I have attached a copy of the legal documentation (e.g., marriage license). **UESP will not process this form without proper documentation.**

Change the name for:	Account Owner/Agent	Beneficiary	Primary Successor	Secondary Successor
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New Last Name	New First Name	New Middle Name
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3 Updated Account Owner/Agent Information

Residency Status:	Utah taxpayer/resident	Non-Utah taxpayer/resident
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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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Home Phone	Work Phone	Other Phone
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E-mail (optional)

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4 Updated Beneficiary Information

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 Work Phone Other Phone

E-mail (optional)

5 Signature Authorization

By signing below,

- I authorize the changes above to be made to my UESP account(s).
- I certify that the information on this form is true and accurate and that I am bound by the terms, rights, and responsibilities stated in the Program Description.



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)