



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 500

Account Information Change

| | |
|-----------------------------|---|
| For UESP Use Only | O |
| UESP Account _____ | |
| Date Received by UESP _____ | |
| User Initials _____ | |

- Complete this form only to **change an address, telephone number, e-mail address, or name** (due to marriage, divorce, or adoption).
- You can also change the following information online at www.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 overnight delivery, 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 (including area code) | 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 |
|-----------------------------|---------------------|-------------|-------------------|---------------------|

| | | |
|---------------|----------------|-----------------|
| New Last Name | New First Name | New Middle Name |
|---------------|----------------|-----------------|

3 Updated Account Owner/Agent Information

| | | |
|--------------------------|------------------------|----------------------------|
| Residency Status: | Utah resident/taxpayer | Non-Utah resident/taxpayer |
|--------------------------|------------------------|----------------------------|

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) |
|----------------------------------|----------------------------------|-----------------------------------|

E-mail (optional)

Continued on Next Page →

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

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)