529 SAVINGS OR PREPAID TUITION PLAN
2018-2019 Academic Year

Student Name: ___________________________________________   ID# __________________

Name or State of 529 Plan: ______________________________________________________________

Date the 529 Payment was requested:  _____________________    Amount:  $ _______________

Please specify the amount(s)/semester(s)/term(s) below as well as where the funds are to be allocated.
(Please note that the student must be enrolled for the term and/or semester indicated.)

<table>
<thead>
<tr>
<th>Semester</th>
<th>Tuition and/or Refunds</th>
<th>On Campus Housing</th>
<th>On Campus Meal Plans</th>
<th>BYU Store Books</th>
<th>BYU Health Insurance</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2018</td>
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<td>Winter 2019</td>
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<td>Spring 2019</td>
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<td>Grand Total</td>
</tr>
</tbody>
</table>

The funds should be sent to the following address:

BYU Off-Campus Scholarships
A-41 ASB
Provo, UT  84602

Please review important and key points on the following website under 529 Plans:
https://enrollment.byu.edu/financialaid/529

I have reviewed the website:___________________

Comments:

Signature of Student or Parent or Account Holder:

_________________________________________________________      Date ____/_____/_____

***Form can be digitally completed and sent in: see website for further information.***