OppenheimerFunds®
The Right Way to Invest

529 College Savings Plan
Third Party Access Form

Instructions

Fax this form to 303 768 6529

or mail it to:

OppenheimerFunds Services
529 Processing
P.O. Box 173691
Denver, CO 80217

Please grant _____ (name of party to whom you are granting account access) permission to request information regarding my 529 college savings plan account(s) identified below. I understand that the party named above will not be able to transact on the account(s) in any way and that the permission I grant will remain in effect until such time that I revoke the permission.

Account Information

529 College Savings Plan name

Account number

Account number

Account number

Account Owner's first name | Middle initial | Last name

Account Owner's street address (no P.O. Boxes)

City | State | Zip

Account Owner's phone number

X
Account Owner's signature

Date

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