2020 Schedule OR-529

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(Rev.	08	3-1	7-	20	ver.	01)	

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Oregon Department of Revenue

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Office use only

Oregon	College Savir	ngs Plan Dire	ect Deposit	and Accour	t Creation Ele	ection
for Pers	onal Income	Tax Filers				

Submit original form—do not submit photocopy. First name Initial Last name Social Security number (SSN) Spouse's first name Initial Spouse's last name Spouse's SSN Part 1: Oregon College Savings Plan Direct Deposit. 1. Check one: 1a. Oregon College Savings Plan; MFS 529 Savings Plan 1c. Portfolio no. 1d. Account no. 1e. Amount \$ MFS 529 Savings Plan Check one: 2a. Oregon College Savings Plan; 2b. 2c. Portfolio no. 2d. Account no. 2e. Amount \$ Oregon College Savings Plan; 3b. MFS 529 Savings Plan 3. Check one: 3a. 3c. Portfolio no. 3d. Account no. 3e. Amount \$ Check one: 4a. Oregon College Savings Plan; MFS 529 Savings Plan 4c. Portfolio no. 4d. Account no. Amount \$ Part 2: Oregon College Savings Plan Account Creation Election. Taxpayer's email Beneficiary's first name Beneficiary's last name Relationship code (Relationship Date of birth (mm/dd/yyyy) Social Security number (SSN) of beneficiary to taxpayer): Beneficiary's address (no PO Box) City State ZIP code Sign here. I authorize the Department of Revenue to release information to the Oregon 529 Savings Board for the purpose of establishing an Oregon College Savings Plan Account. Taxpayer's signature Date