2023 Schedule OR-529

Oregon College Savings Plan Direct Deposit and Account Creation Election for Individual Income Tax Filers

Page 1 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

Last name

Social Security number (SSN)

| Instructions. Use this schedule to deposit your refund in up to four existing Oregon College Savings Plan or MFS 529 Savings Plan accounts or to elect to share your information with the Oregon 529 Savings Board for the purpose of establishing an Oregon College Savings Plan account. For more information, see Schedule OR-529 Instructions. |
|---|
| Part 1: Oregon College Savings Plan Direct Deposit. |
| Check one: 1a. Oregon College Savings Plan; or 1b. MFS 529 Savings Plan Portfolio number 1d. Account number |
| 1e. Amount1e. |
| Check one: 2a. Oregon College Savings Plan; or 2b. MFS 529 Savings Plan Portfolio number 2d. Account number |
| 2e. Amount |
| Check one: 3a. Oregon College Savings Plan; or 3b. MFS 529 Savings Plan 3c. Portfolio number 3d. Account number |
| 3e. Amount3e. |
| 4. Check one: 4a. Oregon College Savings Plan; or 4b. MFS 529 Savings Plan 4c. Portfolio number 4d. Account number |
| 4e. Amount4e. |
| 5. Total. Add lines 1e–4e. Enter the total on Form OR-40, line 51; Form OR-40-N, line 75; or Form OR-40-P, line 74 |

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Page 2 of 2 • Use UPPERCASE letters. • Use blue or black ink. • Print actual size (100%). • Don't submit photocopies or use staples.

| Part 2: Oregon | College Savings | Plan Account | Creation Election. |
|----------------|------------------------|---------------------|--------------------|
|----------------|------------------------|---------------------|--------------------|

| Taxpayer email | i Greatio | ii Election. | | |
|--|------------|------------------------------|-----------|------------------------------|
| Beneficiary first name | Initial | Beneficiary last name | | |
| Beneficiary Social Security number (SSN) | Beneficiar | y date of birth (MM/DD/YYYY) | Relations | ship code (see instructions) |
| Beneficiary address (no PO Box) | | | | |
| City | | St | tate | 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 signature

Χ

Date (MM/DD/YYYY)

-You must include this schedule with your Oregon income tax return-