



**Edvest™**  
 WISCONSIN'S COLLEGE  
 SAVINGS PLAN

**Edvest College Savings Plan  
 Account Application for a Custodial Account**  
 Use this form to open a new Plan Account under UGMA/UTMA<sup>1</sup>  
**Questions?** Call toll-free 1.888.338.3789  
 Or write to the Plan at P.O. Box 219437, Kansas City, MO 64121-9437  
 Visit [www.Edvest.com](http://www.Edvest.com)

- Before completing this form, read the *Plan Disclosure Booklet* and *Participation Agreement* (contained in the *Plan Disclosure Booklet*).
- You may invest in as many Investment Options as you want as long as you meet the minimum for each investment Option.
- You must complete a separate *Account Application* for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date this form, then mail it to the Plan at the above address.

**Important Information about Procedures for Opening a New Account**

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.  
 To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

**1 Custodian Information** (You must provide all requested information or the Account cannot be opened.)

The Account Owner must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number, who is at least 18 years of age, or an emancipated minor, at the time the Account is opened and a contribution is made. You must provide a residential address or this Account cannot be opened.

\_\_\_\_\_

Name (First, MI, Last) Suffix

\_\_\_\_\_

Residential Address (This must be a street address -- a P.O. Box is not acceptable.)

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Mailing Address, if different from above address

\_\_\_\_\_

Mailing Address City, State, Zip

\_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number

\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth (mm-dd-yyyy)

□

Gender (M/F)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Contact Telephone Number

\_\_\_\_\_

Relationship to Beneficiary (optional)

\_\_\_\_\_

Email Address (Required for Online Account Access)

\_\_\_\_\_

**2 Minor Information** (This is the person for whom you are opening the account. You must provide all requested information.)

The Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. You must provide a residential street address (no P.O. boxes) or this Account cannot be opened.

\_\_\_\_\_

Name (First, MI, Last, Suffix)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Social Security Number or Individual Taxpayer Identification Number

□

Gender (M/F)

\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth (mm-dd-yyyy)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

\_\_\_\_\_

Residential Street Address (This must be a street address -- a P.O. Box is not acceptable.)

\_\_\_\_\_

City, State, Zip

<sup>1</sup> Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *Disclosure Booklet* for more information.

### 3 Select Investment Option

Complete this section to allocate your initial and future contributions, excluding any payroll deduction contributions, to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Options as you wish from the list below.
- You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Options	Whole Percentage (per Investment Option)
Age-Based Option	%
Aggressive Age-Based Option	%
Index-Based Aggressive Portfolio (3427)	%
Index-Based Moderate Portfolio (3429)	%
Index-Based Conservative Portfolio (3430)	%
Active-Based Aggressive Portfolio (3432)	%
Active-Based Moderate Portfolio (3434)	%
Active-Based Conservative G Portfolio (3435)	%
Balanced Portfolio (3437)	%
Large-Cap Stock Index Portfolio (3438)	%
Small-Cap Index Portfolio (3439)	%
International Equity Index Portfolio (3440)	%
Bond Index Portfolio (3441)	%
U.S. Equity Active Portfolio (3442)	%
Social Choice Portfolio (3444)	%
Bank CD Portfolio (3445)	%
Principal Plus Interest Portfolio (3446)	%
<b>TOTAL</b>	<b>100%</b>

### 4 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section.

**Check** - Make check payable to the **Edvest College Savings Plan**

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

Amount \$

**One-Time Electronic Funds Transfer (EFT)**

Please provide bank information in **Section 5**.

Amount \$

**Automatic Contribution Plan (ACP)**

Complete **Sections 5 and 6 below** to make regularly scheduled contributions from your bank.



**Date(s)** Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

## 7 Systematic Exchange (optional)

You may automatically reallocate funds from one or more investment option(s) to one or more different investment option(s) on a monthly or quarterly basis on a date selected by you, by completing the section below. For more detailed information about this feature, please see the frequently asked questions located at [www.Edvest.com](http://www.Edvest.com). The systematic exchange will begin upon receipt and acceptance of this account application in good order, on the Exchange Day you select below. If the Exchange Day is a weekend or holiday, the exchange will occur on the next business day. If an exchange frequency of quarterly is selected, the systematic exchanges will occur in March, June, September and December.

### Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
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Source Investment Option	Recipient Investment Option	Dollar Amount

**Exchange Day** (Select date between 1<sup>st</sup> and 31<sup>st</sup>)

Stop Date	
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Establishing, stopping or altering your Systematic Exchange will be considered one of the two account reallocations allowed per year (unless established at the time of new account opening). Systematic exchanges may be stopped or altered by completing a Transfer Among Investment Options Form located online at [www.Edvest.com](http://www.Edvest.com) or by contacting Edvest at 1.888.338.3789.

**8 Signature and Certification** *(You must sign this section or this Account will not be opened.)*

**By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the *Plan Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.**

I hereby establish, as the Account Custodian, an Account representing an interest in the Edvest College Savings Plan (the "Plan") for the Beneficiary named on this application and enter into this *Participant Agreement* (this "Agreement") relating to the Account with the Plan. The state of Wisconsin administers the Plan. I understand that the state of Wisconsin has retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan and the terms applicable to my Account, contained in the *Plan Disclosure Booklet* and its *Participation Agreement* (the "Disclosure Booklet"), as modified.

- *I certify that all of the information provided by me on this Account Application is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.*
- *I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).*
- *I understand that the Plan may, from time to time, amend the Participation Agreement and the Plan Disclosure Booklet and I understand and agree that I will be subject to the terms of those amendments.*
- *I have received, read and understand the Plan Disclosure Booklet, including the Participation Agreement.*
- *If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.*
- *If I have provided banking information in Section 5, I authorize the Edvest College Savings Plan to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.*
- *You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through this Website provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.*

*Signature of Custodian*

*Date*

**I will retain a copy of this Account Application, the *Plan Disclosure Booklet* and the *Participation Agreement* (contained in the *Plan Disclosure Booklet*) with my records.**

**Mail this form to:**

**Overnight Mail**  
Edvest College Savings Plan  
430 W 7<sup>th</sup> Street, Suite 219437  
Kansas City, MO 64105-1407

**Regular Mail**  
Edvest College Savings Plan  
P.O. Box 219437  
Kansas City, MO 64121-9437



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