



# Edvest College Savings Plan Account Application for an Entity Account

Use this form to open an Account by a Trust, Estate, Business Entity, 501(c)(3) Organization, or State or Local Government or Agency  
**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)

- Read the Plan *Disclosure Booklet*, *Participation Agreement* (contained in the Plan *Disclosure Booklet*) and the enclosed *List of Approved Documents for Substantiation by Entity Accounts* carefully before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Plan, even if you have not opened that option through this form.
- You must complete a separate *Account Application* for each Beneficiary.

**Print in capital letters with blue or black ink, sign and date the 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 Entity Account Owner Information *(All requested information must be provided).*

Entity Account Owners are required to provide additional documentation to open an Account, as described in the *Plan Disclosure Booklet* and *Participation Agreement*. Please refer to the *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners* that accompany this *Account Application*.

### Type of Entity *(check one)*

- Trust or Estate (Foreign Trusts not eligible.)
- <sup>1</sup>Business Entity (Corporation, Partnership, Company or Association)
- <sup>2</sup>Internal Revenue Code (IRC) Section 501(c)(3) Organization
- State or Local Government, or Agency or Instrumentality thereof

### Type of Account *(check one)*

- Entity Account for Named Beneficiary
- Qualified Scholarship Account for Named Beneficiary
- Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c)(3) Organization)

Entity Name

Principal Place of Business or Local Office 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 Taxpayer Identification Number

Contact Telephone Number

Relationship to Beneficiary *(optional)*

Email Address

<sup>1</sup> Additional information may be required to establish your account. Please see Section 2 for details

<sup>2</sup> Additional information may be required to establish your account. Please see Section 2 for details.

**2 Legal Entity Beneficial Ownership** Required for Business Entities and IRC Section 501(c)(3) organizations

**Legal Entity Beneficial Ownership Certification**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section MUST be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a nonprofit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth, and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-U.S. citizens being named as a beneficial owner in Sub-section A or as a Control Person in Sub-section B, you must provide a non-expired government-issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth and Social Security Number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, or Treasurer).

**Sub-section A - Beneficial Owner(s)**

Check this box if there are no Beneficial Owners of this entity of 25% or greater. Nonprofit organizations do not have to complete this sub-section. Please skip to sub-section B.

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

<b>Name and Title</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Address (residential or business street address)</b>	<b>Social Security Number</b>

**Sub-section B – Control Person**

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under sub-section A above may also be listed in sub-section B.

<b>Name and Title</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Address (residential or business street address)</b>	<b>Social Security Number</b>

**3 Authorized Representatives** *(All requested information must be provided).*

An entity Account Owner must designate one or more authorized representative(s) to act on its behalf and each must have a valid Social Security Number or Taxpayer Identification Number. Up to two authorized representatives can be listed below and an additional page may be attached, if needed.

Check this box if the Control Person named in Sub-section B is also the Authorized Representative for the Entity named in Section 1. If so, the remaining portions of Section 3 may be left blank unless additional Authorized Representatives are to be named.

**Authorized Representative, or Trustee, Information - 1**

\_\_\_\_\_

Authorized Representative Name (First, MI, Last, Suffix)

\_\_\_\_\_

Title or Position

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

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

Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

□

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

Gender (M/F)

Contact Telephone Number

**Authorized Representative, or Trustee, Information - 2**

\_\_\_\_\_

Authorized Representative Name (First, MI, Last, Suffix)

\_\_\_\_\_

Title or Position

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

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

Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

□

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

Gender (M/F)

Contact Telephone Number

**4 Beneficiary 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.

**Note:** A Beneficiary must be named for all types of Accounts, except for Qualified Scholarship Accounts opened by an IRC Section 501(c)(3) that will name a Beneficiary in the future.

\_\_\_\_\_

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, (Country, if foreign address)

**5 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	%

Investment Options	Whole Percentage (per Investment 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>

## 6 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 7**.

Amount \$

**Automatic Contribution Plan (ACP)**

Complete **Sections 7 and 8 below** to make regularly scheduled contributions from your bank.

**Rollover**

- To roll over proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date of the withdrawal from the other qualified tuition program or Coverdell ESA. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$

**Payroll Deduction**

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 7 and 8 below to make regularly scheduled contributions to the Plan from your bank account. Please complete the payroll form that can be downloaded from the Plan's website [www.Edvest.com](http://www.Edvest.com) and provide your allocation instructions for payroll deduction contributions only on that form.

**Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)**

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

**Proceeds from the redemption of a qualified U.S. Savings Bond**

Please provide the breakdown of contribution and earnings below AND submit a Form 1099 with these amounts with this form.

Cost Basis	\$			,				.	
Earnings	\$			,				.	
<b>Total Indirect Rollover Amount</b>	<b>\$</b>			,				.	

**Note:** If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. Savings Bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Plan.

**7 Banking Information**

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a preprinted voided check or preprinted deposit slip along with this form. It may take up to ten days to initiate these options.<sup>3</sup>

<b>Type of Account (check one):</b>		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
<b>Account Number:</b>	<b>Routing Number:</b>	
<b>Name(s) on Account:</b> <i>The Account Owner's name must appear on the bank account.</i>		
<b>Bank Name:</b>	<b>Bank Telephone Number:</b>	

**8 Automatic Contribution Plan**

**Contribution Amount**

.00

**Investment Dates**

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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**Month(s)** Select the month(s) you would like your Automatic Contributions made (you must select at least one).

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

**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.

<b>Required:</b>	<b>Additional Day(s) (optional)</b>
Day 1	Day 2
	Day 3
	Day 4

<sup>3</sup> 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 the Edvest College Savings Plan website provided your banking information has been on file for a minimum of 30 days. Please 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.

## 9 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. 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.

## 10 Signature and Certification (An Authorized Representative 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 Owner, an Account representing an interest in the Edvest College Savings Plan (the "Plan") for the Beneficiary to be named on the following page 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 from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the *Disclosure Booklet*.

- 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 on 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 have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*, and I understand that the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- If I am opening an account owned by my trust, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I agree to any electronic or telephonic functionality provided by the Plan upon establishment of this account. If I have provided banking information in Section 7, I authorize the *Edvest College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

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Signature of Authorized Representative of Entity

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

A13622:11/18





## Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this *Account Application*. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
<b>Corporation</b>	<ul style="list-style-type: none"> <li>▪ Certified Articles of Incorporation or a government issued business license</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>▪ Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency</li> </ul>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>▪ Copy of the Partnership Agreement</li> </ul>
<b>Limited Liability Corporation (LLC)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the LLC Agreement</li> </ul>
<b>Estate</b>	<ul style="list-style-type: none"> <li>▪ Certified copy of the court order establishing the estate</li> </ul>
<b>Nonprofit Organization under IRC Section 501 (c)(3)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).</li> </ul>

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the Plan Disclosure Booklet and Participation Agreement (contained in the Plan Disclosure Booklet) for additional information.

### List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.