



**Edvest College Savings Plan  
 Account Application for an Individual Account**

Use this form to open a new Account by an Individual  
**Questions?** Call toll-free 1.888.338.3789  
 Or write to the Plan at P.O. Box 55189 Boston, MA 02205-5189  
 Visit [www.Edvest.com](http://www.Edvest.com)

- Read the Plan *Disclosure Booklet* and *Participation Agreement for an Individual Account* (contained in the Plan *Disclosure Booklet*) 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 Account Owner Information** *The individual who opens and is the owner of an Account in the Plan*

The Account Owner must reside in the United States and must have a valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

\_\_\_\_\_

Name (First, MI, Last, Suffix)

\_\_\_\_\_

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

Mailing Address, if different from the above address

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City, State, Zip

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Social Security Number or Taxpayer Identification Number

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Gender (M/F)

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Date of Birth (mm-dd-yyyy)

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Home Telephone Number

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Business Telephone Number

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Relationship to Beneficiary (optional)

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E-mail Address – Required if selecting eDelivery in Section 8.

**2 Beneficiary Information** *The beneficiary is the individual who will receive the proceeds for this Account.*

The Beneficiary must be a person, who may reside outside the United States, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

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Name (First, MI, Last, Suffix)

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Social Security Number or Taxpayer Identification Number

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Gender (M/F)

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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.

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Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

\_\_\_\_\_

City, State, Zip, Country (if foreign address)

### 3 Successor Account Owner *(optional)*

The Successor Account Owner, the person who will become Account Owner in the event of death of the current Account Owner, may reside outside the United States, but must have a Social Security Number or Taxpayer Identification Number. If designating a trust, the trust must already be established when the Successor Account Owner is named.

Name (First, MI, Last, Suffix) or Name of Trust (Foreign trusts are not eligible).

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Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

**Check this box if the Successor Account Owner 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 under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

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Home Telephone Number

Business Telephone Number

Relationship to Beneficiary (optional)

### 4 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 Option 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)	%



## 6 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 pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.<sup>1</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>

## 7 Automatic Contribution Plan

### Contribution Amount

	.00
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### Investment Dates

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

<input type="checkbox"/> Bi-weekly	<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.*

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

## 8 Systematic Exchange (optional)

You may automatically reallocate funds from one or more Edvest 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. Semi-Annual exchanges will take place in June and December. Annual exchanges will take place in December.

### Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
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Source investment Option	Recipient investment Option	Dollar Amount

<sup>1</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.

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.

## 9 eDelivery

Choose how you would like to receive important documents. Account maintenance including New Account Confirmations will be sent by US mail in addition to delivery notifications.

Document Type	Delivery Method	
Select All	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Or make individual selections below.		
Account Statements	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Confirmation Statements	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Disclosure Booklet/Privacy Policy	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Tax Forms	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail

Please note: Due to Plan regulations, certain document types must be sent via U.S. mail or electronic notifications.

### Electronic Delivery Terms of Use

- By checking this box, you agree to the electronic delivery terms and conditions below and acknowledge that you can electronically access, view, print, and save these documents.**

**Notification** – You will receive an e-mail notice each time a new updated document is available for viewing online, which will include a link taking you directly to the Plan website. You may always access these documents online by going to the Plan’s website.

**Internet Slowdown** – Your ability to view, download, and print the documents depends on internet access to the Plan’s website and there is a risk that a system outage or slowdown could, from time to time, cause a document to become temporarily unavailable.

**Hardware/Software** – You will need an Internet connection, a valid e-mail account, a computer and operating system capable of receiving, accessing, displaying, and storing the documents you receive in Portable Document Format (PDF) and running a web browser that supports the level of encryption employed by the Plan’s website and a printer if you wish to print the documents.

**Adobe Acrobat Reader** – You must have Adobe Acrobat Reader version (4.0) or later to access and read the documents. You can read about and download it for free on the Plan’s website or directly from Adobe’s website at [www.adobe.com](http://www.adobe.com).

**Fees** – the Plan does not charge any fees for electronic delivery

**Change in email Address** – You can change your email address at any time by accessing your Account online and selecting, “Email Address” or by contacting a customer service representative at the toll-free number listed on this application. If an email notice sent to your email address is returned as undeliverable, your consent to electronic delivery will be deemed withdrawn and you will subsequently receive paper copies of the documents through the U.S. mail. At any time thereafter you may return to your account online and re-consent to electronic delivery.

**Withdrawal of Consent** – Your consent to electronic delivery is valid until you withdraw it. You may withdraw your consent at any time without fee or penalty by going online and changing your delivery preference or by contacting a customer service representative using the toll-free number on this application.

**Paper Copies** – You may request a free paper copy of any document at any time by contacting a customer service representative using the toll-free number on this application. This request will NOT revoke your consent to electronic delivery.

**10 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 *Plan's Disclosure Booklet and in Participation Agreement*. I understand and agree that the terms of the *Disclosure Booklet and the Participation Agreement* govern all aspects of this Account and are herein incorporated by reference into this application.

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 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 6, 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 Account Owner

Date

**You should retain a copy of this *Account Application*, the *Plan Disclosure Booklet* and the *Participation Agreement* (contained in the *Plan Disclosure Booklet*) with your records.**

**Mail to:**

**Overnight Mail**  
Edvest College Savings Plan  
30 Dan Road  
Canton, MA 02021-2809

**Regular Mail**  
Edvest College Savings Plan  
P.O. Box55189  
Boston, MA 02205-5189

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