



**Path2College 529 Plan
Account Application for a Custodial Account**

Use this form to open a new Plan Account under UGMA/UTMA *
Questions? Call toll-free 1-877-424-4377
PO Box 55924, Boston, MA 02205-5924
Visit www.path2college529.com

Instructions

- Read the *Disclosure Booklet* and *Savings Trust Agreement* (contained in the *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. You can obtain additional copies of this form by calling the Plan or by visiting www.path2college529.com.
- 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, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the required information, we may not be able to open an Account or effect any transactions for you.

1 Custodian Information *(You must provide all requested information.)*

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. You must provide a residential address or this Account cannot be opened.

[Grid for Name (First, MI, Last, Suffix)]

Name (First, MI, Last, Suffix)

[Grid for Residential Address]

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

[Grid for Residential Address City, State, Zip]

Residential Address City, State, Zip

[Grid for Mailing Address]

Mailing Address, complete only if different from above

[Grid for Mailing Address City, State, Zip]

Mailing Address City, State, Zip

[Grid for Social Security Number or Taxpayer Identification Number]

Social Security Number or Taxpayer Identification Number

[Grid for Gender]

Gender (M/F)

[Grid for Date of Birth]

Date of Birth (mm-dd-yyyy)

[Grid for Day Telephone Number]

Day Telephone Number

[Grid for Evening Telephone Number]

Evening Telephone Number

[Grid for Relationship to Beneficiary]

Relationship to Beneficiary (optional)

[Grid for E-mail Address]

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

2 Minor (Beneficiary) Information *(You must provide all requested information.)*

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

[Grid for Name (First, MI, Last, Suffix)]

Name (First, MI, Last, Suffix)

[Grid for Social Security Number or Taxpayer Identification Number]

Social Security Number or Taxpayer Identification Number

[Grid for Gender]

Gender (M/F)

[Grid for Date of Birth]

Date of Birth (mm-dd-yyyy)

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

4 Banking Information *(optional)*

Provide banking information here if you chose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or if you elect to make subsequent contributions through the Electronic Purchase Option or the Automatic Contribution Plan (ACP). Separate withdrawals from your bank account will be made for each Investment Option you select. It may take up to ten days to initiate these options. **Attach a pre-printed voided check or pre-printed deposit slip along with this form.**

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

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above unless you check this box.

No, I do not elect the Electronic Purchase Option.

Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information here.

- ✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP Contribution in: Investment Option Name (<i>Fund Type</i>)	ACP Contribution Amounts (\$25 minimum per Option.)					
Managed Allocation Option (<i>Age based</i>)	\$,		. 0 0
Aggressive Managed Allocation Option (<i>Age based</i>)	\$,		. 0 0
100% Equity Option (<i>Equity</i>)	\$,		. 0 0
Balanced Fund Option (<i>Blended</i>)	\$,		. 0 0
Fixed Income Option (<i>Fixed Income</i>)	\$,		. 0 0
Guaranteed Option (<i>Guaranteed</i>)	\$,		. 0 0
Money Market Option (<i>Capital Preservation</i>)	\$,		. 0 0
Total Contribution Amount	\$,		. 0 0

- ✓ **Select the frequency of your contributions.**

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

<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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- ✓ **Select the month(s) of your contributions.**

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"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

- ✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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5 Optional Information (Although not required, this information helps us better understand our college savers.)

How did you hear about the Plan? (Check one or more.)

- | | | | | | |
|--|---------------------------------|-----------------------------------|--|--|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other |
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Radio | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Plan Representative |

What is your total family income?

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> Over \$200,000 | |

What aspect of the Plan is most appealing to you? (Check one or more.)

- | | | | |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Professional money management |
|---|--------------------------------------|--|--|

Would you like to receive TIAA-CREF materials unrelated to the Plan?

- By checking this box, I am opting **not** to receive TIAA-CREF materials unrelated to the Plan.

6 Signature and Certification (The Custodian 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 *Savings Trust Agreement* (contained in the *Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- 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 certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act (UGMA/UTMA).
- I understand that the Plan may from time to time amend the *Savings Trust Agreement* and the *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 *Disclosure Booklet*, including the *Savings Trust Agreement*.
- If I have enclosed a check for an indirect rollover, I 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.
- If I have provided Banking Information in Section 4, I authorize the *Path2College 529 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 *Path2College 529 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.

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Signature of Custodian

Date

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

Mail this form to:

Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

