

- ▶ Complete this form to open a new Private College 529 Plan account by a trust, business entity, 501(c)(3) organization.
- ▶ Additional restrictions may apply for Entity Accounts. Read the **Documentary Evidence Requirements for Opening and Substantiating Entity Accounts** on page 6 for more details.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ **Please complete a separate Enrollment Form for each beneficiary.**
- ▶ **Questions?** Visit privatecollege529.com or call us at **1-888-718-7878**.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Because we are required by Federal law to obtain, verify and record information that identifies each person who opens an account, we will be asking you to provide specific information about yourself. If you do not provide the required information or if we are unable to verify the requested information, we may not be able to open an account for you or effect any transactions for you.

1. ENTITY ACCOUNT OWNER INFORMATION *(The entity who will open and control the account.)*

Type of Entity *(Please select one.)*

- Trust or Estate *(Foreign Trusts not eligible.)*
- Business Entity *(Corporation, Partnership, Sole Proprietorship, LLC, or Association)*
- Non-Profit Organization under IRC Section 501(c)(3)

<input type="text"/>	<input type="text"/>
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Entity Name

Social Security Number or Taxpayer Identification Number *(Required)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Agreement *(mm/dd/yyyy)*

Primary Phone Number

- Cell Phone
- Land Line

<input type="text"/>

- Cell Phone
- Land Line

Primary Phone Number

<input type="text"/>	<input type="text"/>
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Principal Place of Business or Local Office Address Line 1
(this must be a street address; a P.O. Box cannot be accepted)

Principal Place of Business or Local Office Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

ZIP Code

<input type="text"/>

Mailing Address Line 1 *(if different from above)*

Mailing Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

ZIP Code

<input type="text"/>	<input type="text"/>
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Country *(if mailing address is a foreign address)*

Email Address

<input type="text"/>

Website *(if applicable)*

2. AUTHORIZED REPRESENTATIVE

An entity Account Owner must designate an authorized representative to act on its behalf and he/she must have a Social Security Number or Taxpayer Identification Number.

Authorized Representative Name (first, MI, last, suffix)

Street Address Line 1 (no p.o. box)

Street Address Line 2

City

State

ZIP Code

Social Security Number or Taxpayer ID Number

Date of Birth (mm/dd/yyyy)

Primary Phone Number

Title/Position

3. BENEFICIARY INFORMATION (the future college student for whom you are saving)

The Beneficiary must be a U.S. citizen or resident alien and must have a Social Security Number or Taxpayer Identification Number. A beneficiary must be named for all entity accounts, except for qualified scholarship accounts opened by a Non-Profit Organization under IRC Section 501(c)(3) that will name a beneficiary in the future.

Beneficiary Name (first, MI, last, suffix)

Mailing Address Line 1

Mailing Address Line 2

City

State

ZIP Code

Daytime Phone Number

Evening Phone Number

Email Address

Country (if mailing address is a foreign address)

Gender: Male Female

Social Security Number or Taxpayer ID Number

Date of Birth (mm/dd/yyyy)

4. PROJECTED ENROLLMENT YEAR AND SAMPLE SCHOOLS

Your Beneficiary's expected college enrollment year (e.g. 2021/2022):

	/	
Year		Year

Please designate at least one and up to five sample schools to be used for illustrative purposes on your account statements. Please print the name of each sample school and the U.S. state in which it is located below. Sample schools must be on the list of Participating Institutions. (See the schedule of Participating Institutions and Tuition Rates or visit our website, privatecollege529.com.)

	Name of School	State
1		
2		
3		
4		
5		

Your name and address may be provided to any Participating Institution (not limited to your sample schools) for purposes of providing you information about their educational programs unless you elect not to have your information disclosed for this purpose by checking the box below.

I choose not to have my information disclosed to institutions for the purposes of receiving materials from them, even though none would be until my Beneficiary reaches high school age.

5. CONTRIBUTION OPTIONS

Tell us how you would like to contribute to your account. The minimum contribution amount is \$25 per account. You may contribute via any one or combination of contribution methods listed below. Please select all that apply.

Automatic Contribution Plan (ACP) - you must provide information in **Section 7**.
Make a one-time contribution now or in the future from your checking or savings account.

Contribution via Electronic Funds Transfer (EFT) - you must provide information in **Section 7**.
Make a one-time contribution now or in the future from your checking or savings account.

Initial Contribution Check
Make check(s) payable to **Private College 529 Plan**. \$
Amount

Please note: Personal checks (excluding starter checks and cashier's checks), bank drafts, teller's checks and checks issued by a financial institution or brokerage firm payable to the account owner or beneficiary and endorsed over to the Plan by the account owner are permitted, as are third-party personal checks up to \$10,000 that are endorsed over to the Plan. Contributions by check must be drawn on a banking institution located in the United States and in U.S. dollars.

Rollover or Transfer
Indicate the amount of your rollover below. You must enclose a check for this amount and documentation from the distributing financial institution detailing a breakdown of contributions and earnings. Rollover funds must be received within 60 days of the date of withdrawal from the other program or account.

Contributions	Earnings	Total Rollover
\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>	\$ <input style="width: 150px; height: 20px;" type="text"/>
Amount	Amount	Amount

Please note: Unless the Plan receives a statement or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

6. BANK INFORMATION

Please provide the information below if you selected the Automatic Contribution Plan (ACP) or Electronic Funds Transfer (EFT) options above. This information is required. It may take up to 2-3 days to initiate these instructions.

Automatic Contribution Plan (ACP) - If you selected this option in **Section 5**, please specify the following:

► **Amount of your recurring contributions.**

\$
\$25 minimum

► **Frequency of your contributions.** (please select one)

- Monthly
 Quarterly
 Yearly

► **Start Date.** Your bank account will be debited based on the frequency you selected above and on the contribution day you specify below. If you do not specify a contribution day, your automatic contributions will be deducted on the 5th of the applicable month(s).

| |
(mm/dd/yyyy)

► **Annual Increase (optional)** You may increase the amount of your ACP contributions automatically on an annual basis by a percentage or a specific dollar amount. Your contributions will adjust each year based on the starting month of your ACP.

\$
Annual Amount

OR

\$
Annual Percentage

Contribution via Electronic Funds Transfer (EFT) - If you selected this option in **Section 5**, please specify the one-time contribution amount to be deducted:

\$
Amount \$25 minimum

BANK INFORMATION FOR ACP & ONE-TIME EFT CONTRIBUTIONS

Complete this section to add bank account information to your Private College 529 Plan account. ACP & EFT contributions must be drawn on a banking institution located in the United States in U.S. dollars.

Account Type Checking Savings

Bank Name

Account Number

Routing Number

Name on Account

7. SIGNATURE & CERTIFICATION

By signing below, I agree to the terms and conditions set forth below and in the Plan Disclosure Statement and Enrollment Agreement. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

I certify that I am the Account Owner, or I have the authority to act on behalf of the Account Owner, and additionally that:

It is my intent to open a Private College 529 Plan account on behalf of an entity and I am authorized to do so under the terms of the entity's governing documents and applicable law. If I have enclosed a check for an indirect rollover, that this amount was withdrawn from another QTP 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, for my original account. If I have provided banking information in Section 6, I authorize Private College 529 Plan to debit my bank account and to deposit such funds into my Private College 529 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 Private College 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. I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Plan Disclosure Statement, including the Enrollment Agreement. I understand that the the Plan Disclosure Statement and Enrollment Agreement may be amended from time to time and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither Private College 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.

**Signature of Account Owner, Custodian or Authorized Representative
of an Individual or Entity Account Owner**

Date

Private College 529 Plan (the Plan) is established and maintained by Tuition Plan Consortium, LLC (TPC). Intuition College Savings Solutions, LLC (Intuition) is the Plan Administrator. Participation in the Plan does not guarantee admission to any college or university. Tuition Certificates are neither insured nor guaranteed by the FDIC, TPC, any government agency, Intuition or their respective subcontractors and affiliates. However, Tuition Certificates are guaranteed by colleges and universities solely for tuition and mandatory fee credits. Please read the Disclosure Statement and Enrollment Agreement carefully and consider your financial objectives and risks before purchasing a Tuition Certificate. TPC, Intuition and their respective subcontractors and affiliates do not provide financial, legal or tax advice. See www.privatecollege529.com for more information.

DOCUMENTARY EVIDENCE REQUIREMENTS FOR OPENING AND SUBSTANTIATING 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 entity enrollment. Substantiation is required from an entity Account Owner when opening a Plan Account. Such documentation must include the following:

- ▶ The legal status of the entity;
- ▶ Authorization by the entity to open the Account or conduct the transaction; and
- ▶ Authorization by the entity for the signer of the form to open the Account or conduct the transaction.

TYPE OF ENTITY	INITIAL SUBSTANTIATION DOCUMENTATION
Trust	Certificate of Trust Form (Page 7)
Business, Corporation, Partnership, Limited Liability Corporation (LLC)	<ul style="list-style-type: none">▶ Certified Articles of Incorporation or a government issued business license▶ Copy of the Partnership Agreement▶ Copy of the LLC Agreement▶ Other documentation to be determined by Private College 529 Plan
Non-Profit Organization under IRC Section 501(c)(3)	A copy of the letter or memorandum from the Internal Revenue Service (IRS) indicating that the entity is an organization described under IRC Section 501(c)(3)

You may also be required to provide additional substantiation to open and transact business in the Account as determined and required by Private College 529 Plan, their Legal Counsel, or the Plan Administrator.

It is an Entity Account Owner's responsibility to alert Private College 529 Plan and provide supporting documentation of any changes to the Entity's substantiation documentation on file, the Authorized Representative on file, as well as notification in the event of Entity liquidation or termination.

Please retain a copy of this form with your records.

- ▶ Complete this form when requesting to establish a trust as an Entity Account Owner.
- ▶ **Questions?** Visit privatecollege529.com or call us at **1-888-718-7878**.

1. CERTIFICATION OF TRUST

- Trustee(s) identified below in Section 4 is/are currently serving as Trustee(s) of the _____ Trust (the "Trust") pursuant to a Trust Instrument dated _____ ("Trust Instrument").
- The Trust exists and is in full force and effect.
- The name of each settlor of the Trust is _____
- The name of each original Trustee(s) of the Trust is/are _____
- The name of each Trustee empowered to act under the Trust Instrument as of the date of the execution of this Trust Certificate and their address(es) is/are as follows (the "Trustee(s)")

- If there are multiple Trustees, they (check one) May act independently Must act jointly
- The powers of the Trustee(s) include the following and there are no provisions of the Trust or applicable law which limit these powers: See attached extract of provisions authorizing the Trustee to establish a Private College 529 Plan account as an Account Owner subject to the terms of the Plan Disclosure Statement.
- The Trust Instrument has not been amended to limit the authorizations set forth in response to Section 7 above and the same have not been revoked.
- No provisions of the Trust Instrument nor applicable law limit the authority of the Trustee to establish a Private College 529 Plan account or act as an Account Owner of the Private College 529 Plan account(s).
- If the Trust is supervised by the court, all necessary approval has been obtained for the Trustee(s) to act as an Account Owner on the Private College 529 Plan account(s).

2. SIGNATURE & AUTHORIZATION

I, in my capacity as authorized Trustee(s) of the Trust, hereby certify, under oath, that statements contained in this Certificate of Trust are true and correct:

Signature of Trustee

Print Name of Trustee

NOTARIZATION (REQUIRED)

ALL SECTIONS OF THE NOTARIZATION BELOW MUST BE COMPLETED BY A NOTARY AND BE LEGIBLE

STATE OF _____ SS.

COUNTY OF _____

Be it remembered that on the ____ day of _____,

A.D. 20____, personally appeared _____ signer and sealer of the foregoing written instrument and acknowledged the same to be his/her free act and deed.

BEFORE ME,
