

Account Number: _____
(to be assigned by the College Savings Bank)

College Savings Bank Coverdell ESA Enrollment Form



Congratulations! You are well on your way to saving for college with the College Savings Bank (CSB)! To get started, read the Product and Program Disclosure, complete this form and return it with your payment to one of the addresses designated below. Forms can be downloaded from our website at www.collegesavings.com, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern time.

NOTE: We are required by federal law to obtain certain personal information from each person who opens an Account that will be used to verify their identity. If this information is not provided to us, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

Return this form and any other required documents to:
College Savings Bank
PO Box 3769
Princeton, NJ 08543

For overnight or registered mail, send to:
College Savings Bank
5 Vaughn Drive, Suite 100
Princeton, NJ 08540

1. Account Owner

Choose One: US Citizen or Resident Non-Resident Alien

Child's First Name	MI	Last Name	Date of Birth
Street Address			
City	State	Zip Code	
Social Security Number			
Telephone Number		Business Telephone	

2. Depositor Information

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name	Date of Birth
Street Address			
City	State	Zip Code	
Social Security Number	Email		
Telephone Number	Business Telephone		
Relationship to Child/Beneficiary			

3. Responsible Individual

(must be a Parent or Legal Guardian of the child.) (write "same" if the Depositor will act as the Responsible Individual.)

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name	Date of Birth
Street Address			
City	State	Zip Code	
Social Security Number	Email		
Telephone Number	Business Telephone		
Relationship to Child/Beneficiary			

4. Successor Responsible Individual

(person responsible in the event of death or legal incapacity of the Responsible Individual above.)

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name	Date of Birth
Street Address			
City	State	Zip Code	
Social Security Number	Email		
Telephone Number	Business Telephone		
Relationship to Child/Beneficiary			

5. Choose Your Investments

See the Disclosure Statement for details or call 1.800.888.2723 for additional information. If an election is made for Ongoing Direct Deposit Amounts, the Direct Deposit section must be completed on page 5.

CollegeSure® CD

A minimum investment of \$250 is required per CollegeSure CD. However, the minimum investment amount may be waived if you enroll in our direct deposit plan (ACH Plan) that withdraws funds automatically from your bank or financial institution monthly. The minimum monthly investment through an ACH Plan is \$25.

All CollegeSure CDs mature on July 31. Maturities coincide with the Beneficiary's anticipated year of college. The minimum maturity is 1 year and the maximum is 22 years.

- Apply my contribution to maturity year _____
- Mature my CollegeSure CDs over 4 years beginning 20____ (the year my Beneficiary expects to enter college). Your contribution must be at least \$1,000. Otherwise, once the minimum amount of \$250 is reached to purchase each CD, we will purchase a CollegeSure CD for each of the 4 years beginning with the year selected.

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

3-Year Fixed Rate CD

A minimum investment of \$250 is required per Fixed Rate CD. However, the minimum investment amount may be waived if you enroll in an ACH Plan. The minimum monthly investment through an ACH Plan is \$25.

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

InvestorSure® CD

A minimum investment of \$250 is required per InvestorSure CD. However, the minimum investment amount may be waived if you enroll in an ACH Plan. The minimum monthly investment through an ACH Plan is \$25. InvestorSure CDs have a 5-year maturity.

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

1-Year Fixed Rate CD

A minimum investment of \$250 is required per Fixed Rate CD. However, the minimum investment amount may be waived if you enroll in an ACH Plan. The minimum monthly investment through an ACH Plan is \$25.

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

Signature

I understand the eligibility requirements for this College Savings Bank Coverdell Education Savings Account (ESA) and I state that I do qualify to make the deposit. I have received, read and understand the College Savings Bank ESA Custodial Agreement and Disclosure Statement including the financial disclosure and the Terms and Conditions of the CD Account, and I agree to be bound by those terms of which this application is a part. I assume complete responsibility for determining that I am eligible to contribute to an ESA each year I make a contribution, for insuring that all contributions I make are within the limits set forth by the tax laws. I certify that if I am named Responsible Individual I am qualified to assume the responsibilities of the Responsible Individual as set forth in the ESA Agreement including managing and administering the account and authorizing transactions involving contributions and distributions. I understand that if this is a rollover my contribution will be treated as earnings until College Savings Bank receives appropriate documentation from me.

I hereby certify that the information contained herein is true and complete. I hereby appoint College Savings Bank as Custodian of this Coverdell ESA for the benefit of the Beneficiary named on this form and accept the responsibilities over this account as set forth in the Agreement.

Depositor's Signature	Responsible Individual's Signature

6. Initial Investment Options

College Savings Bank offers several ways to fund your investment. Select all that are appropriate.

Mail-In Deposit

Check Only - Do not mail cash or money order.

\$

Check Amount Enclosed (total amount of all initial investments indicated on previous page – \$2,000 maximum.)

- This is a new contribution for tax year: 20____ This is a 60-day rollover from an existing Coverdell/ESA.

Make Checks Payable to: **College Savings Bank, Custodian for “Beneficiary’s Name” Coverdell ESA**

Other Initial Investment Options (check all that apply)

- Transfer of an existing Coverdell/ESA. Please also complete a Transfer/Rollover Request Form.

Instructions

Please provide instructions for this account. (If no boxes are checked, the answer will be deemed “No”.)

- Yes The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary’s family described in Section 529(e)(2) in accordance with the Custodian’s procedures.
- No
- Yes The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary will also serve as the Responsible Individual.
- No

7. Direct Deposit from your Financial Institution (see below for details)

Be sure to attach a voided check

<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	
Financial Institution Name	
Account Number	ABA Routing Number
Start Date (1st or 20th only)	
Street Address	
City	State
\$	
Monthly Contribution Amount	
Authorized Signature (Account owner from where funds are drawn)	Date

You determine how much to deposit and how often you want direct deposits from your account at another financial institution. Funds can be transferred on the 1st or 20th of the month from your financial institution.

How It Works

- If the designated amount each period is less than the minimum deposit to purchase a CD, those funds are deposited on the schedule you specify into an Accumulator Account (see Product Disclosure Statement for Accumulator Terms and Conditions). Each time the balance in the Accumulator reaches the selected CD minimum or more a CD is purchased.
- If the designated amount each period is greater than the minimum deposit level to purchase a CD, it automatically purchases a CD.

FDIC Insurance

All deposits at College Savings Bank are governed by the statutes, rules and regulations of the State of New Jersey and the FDIC; the Bank’s certificate of incorporation and by-laws; the regulations, rules and practices adopted by the Bank; and general savings bank practices. Each account holder’s principal and earned interest held in the same right and capacity are insured by the FDIC up to a maximum aggregate amount of \$250,000.

Changing or Discontinuing Deposits

To discontinue or reinstate deposit transfers from another account, or to change the frequency, amount or maturities, submit a direct deposit change form including the signatures of the account College Savings Bank is debiting from within 3 days (e.g. the financial institution). Forms are available by calling 800-888-2723 or online at www.collegesavings.com.

How to Get Started

Complete the Automatic Direct Deposit section on this Enrollment Form and return it along with a voided check or deposit slip.

For Authorized Representative Use Only

Name of Authorized Representative	ID#	Firm Name
Street Address	City	State
		Zip Code
Telephone Number	Email	

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