

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



College Savings Bank IRA 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

Choose One: **Traditional IRA** **Roth IRA** (Both allow contributions up to \$5,000 per year, \$6,000 for individuals 50 or older.)

1. Account Owner

Choose One: **US Citizen or Resident** **Non-Resident Alien**

Account Owner First Name		MI	Last Name		Date of Birth
Street Address					
City		State		Zip Code	
Mailing Address (if different than above)					
City		State		Zip Code	
Social Security Number			Email		
Telephone Number			Business Telephone		

Choose One: **Married** (I understand that if I choose a primary beneficiary other than my spouse, my spouse must sign the form below.)
 Single (I understand that if I marry in the future I must complete a change of beneficiary form.)

Signature of Spouse		Date
(By signing above, as the spouse of the account owner identified above I consent to the beneficiary designated on this application.)		

2. Primary Beneficiary #1

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name
Social Security Number	Current Grade	
Date of Birth	Relationship	Percent of Distribution

Primary Beneficiary #2
(if applicable)

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name
Social Security Number	Current Grade	
Date of Birth	Relationship	Percent of Distribution

Must total 100%

Contingent Beneficiary #1
(receives distributions only if no primary beneficiaries survive you)

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name
Social Security Number	Current Grade	
Date of Birth	Relationship	Percent of Distribution

Contingent Beneficiary #2
(receives distributions only if no primary beneficiaries survive you)

Choose One: US Citizen or Resident Non-Resident Alien

First Name	MI	Last Name
Social Security Number	Current Grade	
Date of Birth	Relationship	Percent of Distribution

Must total 100%

3. 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

Signatures (By signing this application, I certify that:)

- Under penalties of perjury, the Social Security Number set forth on this authorization form is correct.
 - I understand the eligibility requirements for the type of IRA I am making and I state that I do qualify to make the deposit.
 - I have received and read the CD Terms and Conditions, either the Traditional or Roth IRA Custodial Agreement and Disclosure Statement, and I understand the terms and conditions that apply to this Individual Retirement Account. I agree to be bound to the terms of this IRA of which this application is a part. I understand the IRS penalties that apply to over contributions and distributions.
 - I assume complete responsibility for determining that I am eligible for an IRA each year I make a contribution; insuring that all contributions I make are within the limits set forth by the tax laws; and the tax consequences of any contribution (including rollover contributions) and distributions.
 - I consent to the beneficiary(ies) I have designated on this application.
 - I hereby adopt the College Savings Bank IRA, appointing College Savings Bank as Custodian.
- Check here if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest or dividends on your tax return and you have not received a notice from the IRS that such backup withholding has been terminated.

Signature of Applicant

Date

4. 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.)

- This is a new contribution for tax year: 20_____ This is a 60-day rollover from an existing IRA.
(money being reinvested should be from the same type of IRA as selected on page 1—either Roth or Traditional.)

For Traditional IRA make your check(s) payable to: **College Savings Bank, Custodian for “your name” Traditional IRA**

For Roth IRA make your check(s) payable to: **College Savings Bank, Custodian for “your name” Roth IRA**

Other Initial Investment Options (check all that apply)

- Transfer of an existing IRA. Please also complete a Transfer/Rollover Request Form.
 Direct Rollover from an employer sponsored plan. Please also complete a Transfer Request Form.

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

Be sure to attach a voided check

<input type="text"/>		<input type="checkbox"/> Checking
Financial Institution Name		<input type="checkbox"/> Savings
<input type="text"/>	<input type="text"/>	
Account Number	ABA Routing Number	
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	
City	State	
<input type="text"/>	<input type="text"/>	
Deposit Amount	Start Date (1st or 20th only)	

Authorization Agreement: I authorize College Savings Bank to initiate debit entries to my bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Bank has received written notification from me of its termination in such time and such manner as to afford the Bank reasonable opportunity to act on it.

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

[Attach voided check here]

For Authorized Representative Use Only

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