

Account Number: \_\_\_\_\_  
(to be assigned by the Arizona Family College Savings Program)



# Enrollment Form

Congratulations! You are well on your way to saving for college with the Arizona Family College Savings Program! 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/arizona](http://www.collegesavings.com/arizona), 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.

|  |   |
|--|---|
| Make checks and electronic transfers payable to: <b>AFCSP, CSB as Manager</b>  |   |
| Return this form and any other required documents to:<br><b>AFCSP</b><br><b>c/o College Savings Bank</b><br><b>PO Box 3769</b><br><b>Princeton, NJ 08543</b> | For overnight or registered mail, send to:<br><b>AFCSP</b><br><b>c/o College Savings Bank</b><br><b>5 Vaughn Drive, Suite 100</b><br><b>Princeton, NJ 08540</b> |

**1. Account Owner** Choose One:  **Adult Owns Assets**  **Child Owns Assets** (adult is custodian under UGMA/UTMA)

|  |                    |                       |               |
|--|--------------------|-----------------------|---------------|
| Account Owner or Custodian First Name                                    | MI                 | Last Name             | Date of Birth |
| Street Address   |                    |                       |               |
| City   | State              |                       | Zip Code      |
| Mailing Address <input type="checkbox"/> Check if same as street address |                    |                       |               |
| City   | State              |                       | Zip Code      |
| Social Security Number   | Email              |                       |               |
| Telephone Number   | Business Telephone | Relationship to Child |               |

**2.** Choose One:  **Joint Account Owner** (spouse only)  **Successor Account Owner/Successor Custodian** (applicable on individual or custodian accounts only)

|  |                    |                       |               |
|--|--------------------|-----------------------|---------------|
| First Name   | MI                 | Last Name             | Date of Birth |
| Street Address <input type="checkbox"/> Check if same as Account Owner |                    |                       |               |
| City   | State              |                       | Zip Code      |
| Social Security Number   | Email              |                       |               |
| Telephone Number   | Business Telephone | Relationship to Child |               |

### 3. Designated Beneficiary

|                         |  |   |           |                       |               |
|-------------------------|--|---|-----------|-----------------------|---------------|
| First Name              |  | MI  | Last Name |                       | Date of Birth |
| Street Address          |  | <input type="checkbox"/> Check if same as Account Owner |           | City                  | State         |
| Social Security Number* |  | Current Grade   |           | First Year of College |               |

\* If the designated beneficiary does not have a Social Security Number, you have up to 60 days to supply the Social Security Number to the Bank. Otherwise, we may be required to return the funds as an Early Withdrawal or withhold a portion of the distributions.

### 4. 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 the following page.

#### 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 |

#### 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 |

#### 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 |

#### 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 |

## 5. Deposit Options

### Mail-In Deposit

**Check Only** - Do not mail cash or money order. **\$250 Minimum.**

\$

Check Amount Enclosed

**E-Check** (direct withdrawal from your checking or savings account)

|                            |                         |
|----------------------------|-------------------------|
| <input type="text"/>       | \$ <input type="text"/> |
| Financial Institution Name | One Time Deposit        |
| <input type="text"/>       | <input type="text"/>    |
| Account Number             | ABA Routing Number      |

### Direct Deposit Program (ACH Plan)

**Be sure to attach a voided check**

|                             |   |                               |
|-----------------------------|---|-------------------------------|
| <input type="text"/>        | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings |                               |
| Financial Institution Name  | <input type="text"/>  | <input type="text"/>          |
| Account Number              | ABA Routing Number  | Start Date (1st or 20th only) |
| <input type="text"/>        |   |                               |
| Street Address              |   |                               |
| <input type="text"/>        | <input type="text"/>  | <input type="text"/>          |
| City                        | State   | Zip Code                      |
| \$ <input type="text"/>     |   |                               |
| Monthly Contribution Amount |   |                               |

**Credit Card Deposit** (only accepted online at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona))

### Other Contribution Methods

- For Wire Transfers, check here and call 1.800.888.2723 for instructions.
- For Rollovers from another 529 plan, Coverdell ESA or qualified U.S. Savings Bonds, check here and see rollover instructions on the next page.
- For Payroll direct deposit, check here and call 1.800.888.2723 or refer to Payroll Authorization form in the Arizona Family College Savings Program enrollment kit. Additional forms are available online at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona).

## 6. Signature

By signing below, I/we hereby apply for an Account in AFCSP. Capitalized terms used, but not otherwise defined herein have the meanings assigned to them in the Disclosure Statement. I certify that:

- I/we have received, read, and understand the terms and conditions of the Disclosure Statement. I/we understand that by signing this Enrollment Form, I/we agree to be bound by the terms and conditions of the Disclosure Statement. I/we understand that the Enrollment Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Arizona.
- Except as set forth below, I/we understand that the Disclosure Statement and Enrollment Form constitute the entire agreement ("Agreement") between myself and the Authority. No person is authorized to make an oral modification to this Agreement.
- I/we understand that my Account in AFCSP is not insured by the State of Arizona or any other governmental entity and neither the principal I/we contribute nor the investment return is guaranteed by the State of Arizona, the Authority or any other governmental entity, the Trust, the Program Manager or any of its affiliates. Notwithstanding the forgoing, I/we understand that CDs in which the Trust invests are insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC as further described in the Disclosure Statement.
- I/we intend to use my Account solely to save to pay the qualified higher education expenses of the Beneficiary.
- If I/we have chosen the ACH Plan or E-Check option, I/we authorize AFCSP, upon written, telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in this Enrollment Form. I/we authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I/we acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I/we further agree that the Trust, AFCSP, and the Plan Officials will not incur any loss, liability, damage, or expense for acting upon my written, telephone or online request. I/we understand that this authorization may be terminated by me at any time by notifying AFCSP and the bank in writing, and that the termination request will be effective as soon as AFCSP and the bank have had a reasonable amount of time to act upon it. I/we certify that I have authority to transact on the bank account identified by me in this Enrollment Form.
- I/we understand that contributions that cause the total balance of this Account and any other Accounts established in AFCSP and in any other Qualified Tuition Program offered by the State of Arizona on behalf of the Beneficiary designated in this Enrollment Form to exceed the Maximum Contribution Limit established by the Board are not permitted. I/we understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary within AFCSP will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I/we reasonably anticipate the Beneficiary will incur.
- If this is a rollover from another 529 plan or Coverdell ESA, I/we understand my contribution will be treated as earnings until AFCSP receives appropriate documentation from me.
- I/we certify that all of the information that I provided on this Enrollment Form is accurate and complete and I/we understand that I/we are bound by the terms, rights, and responsibilities stated in this Agreement and by any and all statutory, administrative, and operating procedures that govern AFCSP.

|                                      |      |
|--------------------------------------|------|
|                                      |      |
| Signature of Account Owner/Custodian | Date |

|                                  |      |
|----------------------------------|------|
|                                  |      |
| Signature of Joint Account Owner | Date |

## ACH Plan

You determine how much to deposit and when you want to make 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 to your AFCSP Account.

### How It Works

- If the amount you designate each period is less than \$250, those funds are deposited on the schedule you specify into an Accumulator Account (see Disclosure Statement for Accumulator Account Terms and Conditions). Each time the balance in the Accumulator Account reaches the selected CD minimum or more, a CD is purchased.
- If the amount you designate each period is greater than \$250, a CD is automatically purchased.

### FDIC Insurance

The Federal Deposit Insurance Corporation (FDIC) generally insures, with respect to each FDIC-insured institution, deposit accounts that are held in the same right and capacity up to the maximum amount set by federal law, currently \$250,000. An Account Owner's interest in the insurable balance of a AFCSP Account is insured by the FDIC on a pass-through basis, together with any other deposit accounts the Account Owner holds at College Savings Bank, up to the maximum amount. Please see the Enrollment Kit for further information. The AFCSP 529 Savings Plan is not insured by the State of Arizona. Neither the principal invested nor the investment return is guaranteed by the State of Arizona.

### Changing or Discontinuing Deposits

To discontinue or reinstate deposit transfers from your financial institution or to change the frequency, amount or maturities, submit a completed Direct Deposit Authorization & Change Form signed by the account contributor. Forms are available by calling 1.800.888.2723 or online at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona).

### How to Get Started

Complete the ACH Plan section on this Enrollment Form and return it along with a voided check.

## Rollover Contribution Instructions

If your funds are currently held in another 529 plan or Coverdell ESA, you may have those funds directly rolled over from that account to a AFCSP 529 Savings Plan Account.

To do so:

- 1) Please complete this form, including the Mail-In Deposit section, along with a Direct Rollover Form available by calling 1.800.888.2723 or online at [www.collegesavings.com/arizona](http://www.collegesavings.com/arizona).
- 2) Mail this form along with the Direct Rollover Form to the address provided.

If you have already withdrawn your funds from your former 529 plan or Coverdell ESA you may rollover those funds to the AFCSP 529 Savings Plan by following these instructions:

- 529 Plans: Within 60 days of your withdrawal, if you have not had any other rollovers in the past twelve months, mail your funds along with the completed Enrollment Form, including the Mail-In Deposit section, to the address provided. In addition, mail a distribution statement from the other 529 plan or equivalent that shows the basis and earnings portions of your distribution.
- Coverdell ESAs: Mail your funds along with this completed Enrollment Form, including the Mail-In Deposit section, to the address provided. In addition, mail a distribution statement or equivalent, issued by the financial institution that acted as trustee or custodian of the original account, that shows the basis and earnings.

### 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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