

Deposit Slip

Complete this form to make additional contributions to your College Savings Bank, a Division of NexBank (**Bank Plan**), program manager with AZ529, Arizona's Education Savings Plan (AZ529) Account. You may contribute as little as \$25 per month if you use a Direct Deposit Plan (ACH Plan) or \$25 per pay period using Payroll Deduction (if offered by your employer.) ACH Plan and Payroll Deductions are automatically applied to your designated account.

- If your contribution is a rollover from another 529 plan, please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.
- If your contribution is a rollover from a redemption of qualified U.S. Savings Bonds issued after 1989, please visit www.irs.gov for current income limitations. IRS restrictions apply.
- If your contribution is a rollover from a Coverdell Education Savings Account, please enclose a distribution statement or equivalent (issued by the financial institution that acted as trustee or custodian of the account) that shows the basis and earnings.

NOTE: You may also make electronic deposits to your Account using the E-Check option on our website at www.collegesavings.com/Arizona. Call to order additional forms 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.

Make checks and electronic transfers payable to: **AZ529-Bank Plan, CSB as Manager**
 Mail or Fax this form and any other required documents to:
 • **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
 • **Fax - 214.481.1289 ATTN: Operations**

1. Account Information

Account Owner or Custodian First Name	MI	Last Name
Beneficiary's First Name	MI	Last Name

2. Deposit Information

- Apply towards the purchase of a NEW CD or Savings Account. NEW Accounts require a minimum of \$250. The Bank Plan will assign New Account Number(s). *If a Savings Account exists, the deposit will be applied to the existing Savings Account.*
- Apply towards an EXISTING CD or Savings Account. Minimum of \$25.

Account Owner First Name	MI	Last Name
<input type="checkbox"/> 1-Year Fixed Rate CD		\$
Account Number		Amount
<input type="checkbox"/> 2-Year Fixed Rate CD		\$
Account Number		Amount
<input type="checkbox"/> 3-Year Fixed Rate CD		\$
Account Number		Amount
<input type="checkbox"/> CollegeSure® Honors Savings Account		\$
Account Number		Amount

3. Signature (Required)

By signing below, I certify this deposit is for the intended qualified higher education expenses of the Beneficiary. If this is a rollover, I understand my contribution will be treated as earnings until the Plan receives appropriate documentation from me.

		<input type="checkbox"/> Primary Account Owner/Custodian <input type="checkbox"/> Joint Account Owner <input type="checkbox"/> Other: _____
Signature	Date (MM/DD/YYYY)	