

Account Number: _____
(Assigned by the Arizona Family College Savings Program—Bank Plan)



Enrollment Form

Congratulations! You are on your way to saving for college with the Arizona Family College Savings Program—Bank Plan! To get started:

1. Read the Program Disclosure Statement and Product Terms and Conditions;
2. **Print and Sign in Section 8. (Required)**
3. **Send a legible photocopy of a valid U.S. government issued ID or passport;** and
4. Mail or fax all items including your deposit and/or deposit instructions. *Retain a copy for your records.*

Forms can be downloaded from our website at www.collegesavings.com/Arizona, or you can call us to request forms and 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.

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 (MM/DD/YYYY)
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Street Address			
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City	State	Zip Code
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Mailing Address <input type="checkbox"/> Check if same as street address	
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City	State	Zip Code
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Social Security Number	Driver's License #	Expiration Date
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Telephone Number	Business Number	Relationship to Beneficiary
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Employer (include industry)	Occupation/Job Title	Personal Email
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- **Do you anticipate sending/receiving international wires:** Yes No **If Yes, how often:** _____
- **Are you or are you an immediate family member or close associate of a foreign/domestic political figure:** Yes No
- **Do you operate privately owned ATMs:** Yes No

2. Joint Account Owner (spouse only)

First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)
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Street Address <input type="checkbox"/> Check if same as Account Owner			
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City	State	Zip Code
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Social Security Number	Driver's License #	Expiration Date
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Telephone Number	Business Number	Relationship to Beneficiary
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Employer (include industry)	Occupation/Job Title	Personal Email
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- **Do you anticipate sending/receiving international wires:** Yes No **If Yes, how often:** _____
- **Are you or are you an immediate family member or close associate of a foreign/domestic political figure:** Yes No
- **Do you operate privately owned ATMs:** Yes No

How did you hear about us: Newspaper Local Event Magazine Email Internet/Web Friend/Referral

3. Designated Beneficiary

First Name		MI	Last Name		Date of Birth (MM/DD/YYYY)
Street Address <input type="checkbox"/> Check if same as Account Owner					
City		State		Zip Code	
Social Security Number		Current Grade		First Year of College	

4. Successor Account Owner / Successor Custodian (applicable on individual or custodian accounts only)

First Name		MI	Last Name		Date of Birth (MM/DD/YYYY)
Street Address <input type="checkbox"/> Check if same as Account Owner					
City		State		Zip Code	
Social Security Number		Telephone Number		Relationship to Beneficiary	

5. Choose Your Investments

See the Disclosure Statement and product Terms and Conditions for details. Call **1.800.888.2723** for additional information. If an election is made for Ongoing Direct Deposit Amounts, complete **Section 6**. The minimum initial contribution for a Fixed Rate CD is \$250. You may contribute \$25 per month by enrolling in our direct deposit plan (ACH Plan) that withdraws funds automatically from your bank or financial institution monthly. Complete Section 6. The interest rate and APY are published online at www.collegesavings.com.

1-Year Fixed Rate CD (12 month maturity).

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

2-Year Fixed Rate CD (24 month maturity).

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

3-Year Fixed Rate CD (36 month maturity).

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

CollegeSure® Honors Savings Account.

\$	\$
Initial Investment Amount	Ongoing Direct Deposit Amount

6. Deposit Options

- Mail-In Deposit (Minimum of \$250).** Please only send check. Do not mail cash or money order. Make checks and electronic transfers payable to: **AFCSP-Bank Plan, CSB as Manager**

\$
Check Amount Enclosed

- E-Check (Minimum of \$250).** Direct withdrawal from your personal checking or savings account.

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

- Direct Deposit Program - ACH Plan (Minimum of \$25).** Be sure to include a voided check.

Financial Institution Name	\$	Monthly Contribution Amount	<input type="checkbox"/> Checking
Account Number	ABA Routing Number	Start Date (MM/DD/YYYY)	<input type="checkbox"/> Savings
Street Address			
City	State	Zip Code	

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 below.
- 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 - Bank Plan Enrollment Kit. Additional forms are available online at www.collegesavings.com/Arizona.

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 day of the month indicated by you, from your financial institution to your AFCSP-Bank Plan Account. The amount you designate each period is deposited on the schedule you specify to the selected investment option in **Section 5**.

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.

How to Get Started. Complete the ACH Plan section above on this Enrollment Form and return it along with a voided check.

FDIC Insurance. Your principal and accrued interest on a CD, for FDIC deposit insurance purposes, will be added to any other deposit accounts you hold at CSB in the same right and capacity and will be insured by the FDIC up to \$250,000 in the aggregate. For this purpose, all Accounts with the same Account Owner will be deemed to be held in the same right and capacity and will be combined for purposes of this \$250,000 limitation. FDIC deposit insurance is backed by the full faith and credit of the U.S. Government. Separate deposit insurance for accounts with the same Account Owner and Beneficiary may also be available in certain limited circumstances. Please see the Enrollment Kit for further information. The AFCSP-Bank Plan is not insured by the State of Arizona. Neither the principal invested nor the investment return is guaranteed by the State of Arizona.

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 the AFCSP-Bank Plan.

1. Please complete this form, 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.
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-Bank 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.

7. Authorized Representative (Broker Dealer / Financial Advisor)

By completing this section, the Account Owner authorizes College Savings Bank, a Division of NexBank SSB, as program manager of the AFCSP-Bank Plan, to send a duplicate copy of account statements and discuss account information with the broker dealer / financial advisor listed below.

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

8. Signature (Required)

By signing below, I/we hereby apply for an Account in AFCSP-Bank Plan. 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-Bank Plan 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-Bank Plan, 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-Bank Plan, 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-Bank Plan and the bank in writing, and that the termination request will be effective as soon as AFCSP-Bank Plan 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-Bank Plan 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-Bank Plan 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-Bank Plan 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-Bank Plan.

Signature of Account Owner/Custodian		Date (MM/DD/YYYY)	

Signature of Joint Account Owner		Date (MM/DD/YYYY)	

Make checks and electronic transfers payable to: **AFCSP-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**

PRINT & SIGN