

Enrollment Application



IMPORTANT INFORMATION ABOUT OPENING A STABLE VALUE PLUS 529 COLLEGE SAVINGS ACCOUNT

We are required by federal law to obtain personally identifiable information including legal name, social security number and date of birth to verify the identity of the person opening the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable or necessary.

Mail this form to CollegeInvest Stable Value Plus College Savings Plan, 1600 Broadway, Suite 2300, Denver, CO 80202. If you have any questions, call CollegeInvest at (800) 448-2424.

1. ACCOUNT TYPE

- Individual account.
- UGMA/UTMA account. This account will be opened with assets liquidated from an UGMA/UTMA custodial account. This may be a taxable event.
- Trust account. This account will be opened under an existing trust. Attach a copy of the execution pages of the Trust Agreement.

2. ACCOUNT OWNER *(This individual owns and controls the account. If this individual is a minor, also complete Section 5)*

First Name, Middle Initial and Last Name of Individual or UGMA/UTMA Custodian U.S. Citizen U.S. Resident Alien

Birthdate/Trust Date (month/day/year)

Social Security Number or Individual Taxpayer ID Number

Permanent Street Address (Cannot be a P.O. Box)

City

State

Zip

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Mailing Address (If Different from Permanent)

City

State

Zip

3. BENEFICIARY *(This individual is the future student.)*

First Name, Middle Initial and Last Name of Beneficiary

U.S. Citizen **U.S. Resident Alien**

Date of Birth

Social Security Number

Permanent Street Address (No P.O. Box)

City

State

Zip

4. SUCCESSOR *(Optional, but recommended. This individual must be at least 18 years of age.)*

By designating a Successor, ownership of all assets in this account will be transferred to the named Successor in the event of your death. If you choose not to designate a Successor, the Beneficiary will become the account owner in the event of your death. See the Plan Disclosure Statement for details.

First and Last Name of Successor

U.S. Citizen **U.S. Resident Alien**

Date of Birth

Social Security Number

Mailing Address

City

State

Zip

Telephone Number

5. PARENT/GUARDIAN *(Complete only if Account Owner is under 18 years of age.)*

First Name, Middle Initial, and Last Name of Parent/Guardian

Date of Birth

Social Security Number

Mailing Address

City

State

Zip

Email Address

Telephone Number

6. INTERESTED PARTY (Optional. This individual has no authority to act on the account. If you would like to add an authority to your account, complete the Agent Authorization Form.)

Interested party will receive a paper copy of your annual statement.

Is this individual a financial advisor? Yes No

First and Last Name of Interested Party

Company (if applicable)

Address

City

State

Zip

7. CONTRIBUTIONS

Recurring Automatic Contributions (Complete Bank Information)

Dollar Amount of Contribution

You can schedule recurring automatic contributions on a weekly, bi-weekly, bi-monthly or monthly basis

Begin recurring contributions on (date)

Weekly Every Monday Tuesday Wednesday Thursday Friday

Bi-Weekly Every Other Monday Tuesday Wednesday Thursday Friday

Twice a Month On the and the of each month

Monthly On the of each month

BANK INFORMATION (Required to Fund Your Recurring Automatic Contributions)

Bank Name

Account Type: Checking Savings

Bank Routing Number

Bank Account Number

Note: The routing number is usually located in the bottom left corner of your checks.

With my signature below, I authorize the Collegenest Stable Value Plus Plan to secure payment of amounts invested by me, by initiating debit entries to my account at the bank named above. I authorize the bank to accept any such debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I certify that I have authority to transact on the bank account identified by me. I certify that the ACH transactions will not involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. I further agree that the Collegenest Stable Value Plus Plan will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time and will be effective as soon as the Collegenest Stable Value Plus Plan has had a reasonable amount of time to act upon it.

Personal Check—Minimum initial contribution is \$25.00

Make checks payable to CollegenInvest Stable Value Plus, and mail with this application to CollegenInvest, 1600 Broadway, Suite 2300, Denver, CO 80202

Payroll Direct Deposit

Complete the Payroll Direct Deposit Form if your employer offers payroll direct deposit.

Rollover from another 529 college savings plan

Complete and include the Rollover Form with this application.

8. AUTHORIZATION

By signing below I hereby apply for a Stable Value Plus college savings account. I certify that

- I have full authority and legal capacity to open an account in the CollegenInvest Stable Value Plus Plan.
- I have received, read, and agree to the terms and conditions of the Plan Disclosure Statement, Participation Agreement and the Privacy Statement, all of which govern all aspects of this account and are incorporated in their entirety herein by reference.
- Investments in the CollegenInvest Stable Value Plus Plan are not insured by the FDIC or any other government agency; and accounts owners could lose money investing in the plan. Investments are not guaranteed by the State of Colorado, CollegenInvest, any affiliates of the Brighthouse Life Insurance Company of Delaware, or any other person or entity. Account Owners assume all investment risks, including the potential for loss of principal, as well as responsibility for federal and state tax consequences.
- By providing my email address, I agree to receive important plan information and account correspondence via email from CollegenInvest. The plan does not charge for e-delivery. I understand that I can withdraw my consent at any time by contacting a CollegenInvest customer service representative.
- The information I have provided on this form, and all future information I will provide with respect to my account, is true, complete, and correct.

Signature of Account Owner or Parent/Guardian if Account Owner is under age 18

Date (Month/Day/Year)

9. ADDITIONAL INFORMATION (Optional)

How did you hear about the CollegenInvest Stable Value Plus College Savings Plan? (Check one.)

- | | |
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| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Website |
| <input type="checkbox"/> TV | <input type="checkbox"/> Family/Friend |
| <input type="checkbox"/> Online ad/Email | <input type="checkbox"/> Financial Advisor |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Tax Advisor |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Insurance Professional |
| <input type="checkbox"/> Other _____ | |