

Automatic Contribution Plan

(Minimum \$25 per investment option)

You may select the Automatic Contribution Plan (ACP) to have funds automatically transferred from your bank account to the Plan. You must provide all requested information in the *Banking Information* in Section 4 of this form. It may take up to ten days to initiate this option.

Payroll Deduction

(Minimum \$15 per investment option, per pay period)

You may open your account through payroll deduction only if your employer offers payroll deduction and you submit the appropriate *Payroll Deduction Form* along with this *Account Application*. (State of Connecticut employees should submit the *State of Connecticut Employee Payroll Deduction Form*.)

Note: This option is only available if your employer agrees to offer payroll deduction and is able to make contributions via Automated Clearing House Funds (ACH). If your employer cannot make contribution via ACH, you may want to consider establishing an Automatic Contribution Plan (ACP) to make recurring payments directly from your bank account.

4 Banking Information (optional)

The following information is required if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or to make subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. To verify your bank account, please submit a voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.

Type of Account (check one):		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number:		Routing Number:	
Name(s) on Account (The Custodian or Beneficiary name must appear on the bank account.)			
Bank Name:		Telephone Number:	

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above unless you check this box.

No, I do not elect the Electronic Purchase Option.

Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information here.

Select the amount of your contributions.

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP Contribution in: <i>Investment Option (Fund Code)</i>	Contribution Amounts <i>(See minimums below.)</i>			
Moderate Managed Allocation Option (Age based)	\$,	. 0 0
Aggressive Managed Allocation Option (Age based)	\$,	. 0 0
Conservative Managed Allocation Option (Age based)	\$,	. 0 0
Active Equity Option (2282)	\$,	. 0 0
High Equity Option (1955)	\$,	. 0 0
Equity Index Option (2251) ¹	\$,	. 0 0
Social Choice Equity Option (2260)	\$,	. 0 0
Active Fixed Income Option (2253) ²	\$,	. 0 0
Index Fixed Income Option (2281)	\$,	. 0 0
Principal Plus Interest Option (1956)	\$,	. 0 0
Money Market Option (2261)	\$,	. 0 0
Total Contribution Amount	\$,	. 0 0

- ✓ **Select the frequency of your contributions.**
If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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- ✓ **Select the month(s) of your contributions.**
If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May.	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

- ✓ **Select the date(s) of your contributions.**
If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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5 Optional Information *(You are not required to complete this section to open an Account in CHET.)*

How did you hear about CHET? <i>(Check one or more.)</i>					
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> E-mail	<input type="checkbox"/> Employer	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> Colleague	<input type="checkbox"/> Other
<input type="checkbox"/> Television Commercial	<input type="checkbox"/> Radio	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Family or Friend	<input type="checkbox"/> CHET Representative
What is your total household income?					
<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$75,000	<input type="checkbox"/> \$75,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$150,000	<input type="checkbox"/> \$150,001 - \$200,000	<input type="checkbox"/> Over \$200,000			
What aspect of CHET is most appealing to you? <i>(Check one or more.)</i>					
<input type="checkbox"/> Tax advantages	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Estate planning	<input type="checkbox"/> Professional money management		
Would you like to receive TIAA-CREF materials unrelated to CHET?					
<input type="checkbox"/> By checking this box, I am opting to receive TIAA-CREF materials unrelated to CHET.					

6 Signature and Certification *(The Custodian must sign this section or this Account will not be opened.)*

By signing below, I am agreeing to terms and conditions set forth below and in the **Participation Agreement** (contained in the **Disclosure Booklet**). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based on this information.
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA).
- I understand that Program may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the *Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment.
- If I have provided banking information in Section 4, I authorize the *Connecticut Higher Education Savings Trust* to debit my bank account and to deposit such funds into my Program Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither *Connecticut Higher Education Savings Trust* nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

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Signature of Custodian

Date

I will retain a copy of this **Account Application**, the **Disclosure Booklet** and the **Participation Agreement** (contained in the **Disclosure Booklet**) with my records.

Mail this form to:

Overnight Mail

Connecticut Higher Education Trust
30 Dan Road
Canton, MA 02021-2809

Regular Mail

Connecticut Higher Education Trust
P.O. Box 150499
Hartford, CT 06115-0499

Program Management by TIAA-CREF Tuition Financing, Inc.

