

✓ **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"/> 20 th	<input type="checkbox"/> Other _____
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4 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or 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 Account Owner, Custodian or Entity must be named on the bank account.)			
Bank Name:		Telephone Number:	

5 Signature and Authorization (You must sign this section for these changes to take effect.)

By signing this form, I authorize the *Connecticut Higher Education Savings Trust* to debit my bank account and to deposit such funds into my Program Account, or to cease such debits, as requested on this form. If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby 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.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.¹)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity

Date

IMPORTANT INFORMATION

A Signature Validation Program Stamp (SVP) is required for all entity Accounts and may be required for Accounts in which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided.

Note: The Signature Validation Program Stamp is not required if a Program *Power of Attorney Form* is on file for an Individual Account, or if an executed Program *Power of Attorney Form* accompanies this form.

AFFIX SVP STAMP HERE

Mail this form to:

Regular Mail

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



Program Management by TIAA-CREF Tuition Financing, Inc.
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