

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

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 Account Owner's 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 if you check this box.

Yes, I 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This amount will automatically be withdrawn from your bank account on the frequency you indicate below.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>									
Managed Allocation Option (Age based)	\$,				.	0 0
Aggressive Managed Allocation Option (Age based)	\$,				.	0 0
High Equity Option (1955)	\$,				.	0 0
100% Equity Index Option (2251)	\$,				.	0 0
Social Choice Equity Option (2260)	\$,				.	0 0
Principal Plus Interest Option (1956)	\$,				.	0 0
100% Fixed Income Option (2253)	\$,				.	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"/> Bi-weekly	<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"/> Apr. <input type="checkbox"/> Jul. <input type="checkbox"/> Oct.	<input type="checkbox"/> Feb. <input type="checkbox"/> May. <input type="checkbox"/> Aug. <input type="checkbox"/> Nov.	<input type="checkbox"/> Mar. <input type="checkbox"/> Jun. <input type="checkbox"/> Sep. <input type="checkbox"/> Dec.
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✓ **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

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the Program. See *Notice of TIAA-CREF Privacy Policy* in the *Disclosure Booklet*.

How did you hear about the Connecticut Higher Education Savings Trust? *(Check one or more.)*

- | | | | | | |
|--|---------------------------------|-----------------------------------|--|--|---|
| <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/Friend | <input type="checkbox"/> Program Representative |

What is your total family 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 the Connecticut Higher Education Savings Trust is most appealing to you? *(Check one or more.)*

- | | | | |
|---|--------------------------------------|--|--|
| <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 the Connecticut Higher Education Savings Trust?

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Plan.

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



FINANCIAL SERVICES
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Important Information about Custodial Accounts for a Minor

Laws governing custodial accounts for minors prohibit or restrict certain transactions that are available to individual and entity Accounts in the Connecticut Higher Education Savings Trust (CHET). Please read the following information about opening a custodial account in the Program.

Who can open a custodial Account?

Any custodian of an irrevocable gift to a minor Beneficiary under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can open a custodial Program Account.

Who owns the funds in the Account?

The minor Beneficiary legally owns funds in the Account. However, the custodian is the “Account Owner” for purposes of controlling the Account until the minor reaches the age of majority. The custodian can only withdraw funds for the benefit of the Beneficiary. Using the funds to pay for qualified higher educational expenses of the Beneficiary is appropriate. Generally, once the Beneficiary reaches the age of majority, the Beneficiary will become the “Account Owner” and have full control of the Account. The Account Owner (custodian) must notify the Program when the Beneficiary is legally entitled to take control of the Account so that the registration on the Account can be changed to indicate the Beneficiary as Account Owner and the Account can be converted from a custodial Account to an individual Account.

Can I rollover funds from an existing custodial investment not within a qualified 529 plan, or within CHET?

There is no mechanism to “rollover” custodial funds not within a qualified 529 plan, or within CHET. You must first take a withdrawal from your existing custodial investment and invest the proceeds as a contribution into a Program Account. Please consult with your tax and financial advisors regarding any tax, penalty or other adverse consequences of withdrawing the custodial funds from its existing investment. Once withdrawn, the funds are deposited into a custodial Program Account as a contribution. See the *Disclosure Booklet* for further information.

What rules and restrictions are placed on a custodial Account invested in CHET?

- The Account Owner (Custodian) cannot be changed to anyone other than a successor custodian or the Beneficiary without providing the Program Manager with a court order directing the change.
- A Contingent Account Owner cannot be designated for the Account in the event of the death of the Account Owner.
- The Beneficiary cannot be changed nor can funds be transferred or rolled over to another Account Owner or to an Account for another Beneficiary.
- Upon the death of the Beneficiary, the assets belong to the Beneficiary’s estate.
- Non-qualified withdrawals and any withdrawals due to the disability, scholarship award, or Military Academy attendance of the Beneficiary should follow custodial rules under applicable state law that generally provide that the funds withdrawn are to be used for the benefit of the Beneficiary and are necessary for the Beneficiary’s welfare.
- While he or she is the registered Account Owner, the Custodian is required to sign all forms and requests in his/her representative capacity.
- The Custodian will be required to notify the Program when the Beneficiary is legally entitled to take control of the Account and become the registered Account Owner.

You may wish to consult a tax advisor before opening a Custodial Account for a Minor.