



Connecticut Higher Education Trust
Account Application for an Individual Account
Use this form to open a new Program Account by an Individual
Questions? Call toll-free 1-888-799-CHET (1-888-799-2438),
P.O. Box 150499, Hartford, CT 06115-0499
Visit www.aboutCHET.com

Instructions

- Read the Disclosure Booklet and Participation Agreement (contained in the Disclosure Booklet) carefully before completing this form.
You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Program, even if you have not opened that option through this form.
You must complete a separate Account Application for each Beneficiary. You can obtain additional copies of this form, or any Program form, by visiting www.aboutCHET.com and clicking on Account Forms.
Print in capital letters with blue or black ink, sign and date this form, then mail it to the Program at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

1 Account Owner Information (You must provide all requested information.)

The Account Owner must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

J O H N A S A M P L E

Name (First, MI, Last, Suffix)

1 2 5 M A I N S T R E E T

Residential Street Address (This must be a street address -- a P.O. Box is not acceptable under the U.S. Patriot Act.)

A N Y T O W N C T 1 2 3 4 5

City, State, Zip

Mailing Address, if different from the above address

Mailing Address, if different from the above address

City, State, Zip

0 1 2 - 3 4 - 5 6 7 8

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 1 - 1 5 - 1 9 6 5

Date of Birth (mm-dd-yyyy)

2 0 3 - 5 5 5 - 1 2 3 4

Day Telephone Number

2 0 3 - 5 5 5 - 5 6 7 8

Evening Telephone Number

F A T H E R

Relationship to Beneficiary (optional)

J S A M P L E @ C A B L E . N E T

E-mail Address (Provide this information to receive electronic newsletters and other information.)

2 Beneficiary Information (You must provide all requested information.)

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6

Social Security Number or Taxpayer Identification Number

F

Gender (M/F)

0 6 - 3 0 - 2 0 0 1

Date of Birth (mm-dd-yyyy)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

### 3 Contingent Account Owner *(optional)*

The Contingent Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien, including a Trust, and must have a Social Security or Taxpayer Identification Number. Any designation you make here may be changed or revoked at a future date.

M A R Y R S A M P L E

Name (First, MI, Last, Suffix), or Name of Trust (Foreign trusts are not eligible.)

Trustee Name (First, MI, Last, Suffix), if a Trust named above

3 4 5 - 6 7 - 8 9 0 1

Social Security Number or Taxpayer ID Number

F

Gender (M/F)

1 2 - 1 5 - 1 9 6 7

Date of Birth, or Date of Trust Agreement (mm-dd-yyyy)

Check this box if the Contingent Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

2 0 3 - 5 5 5 - 1 2 3 4

Day Telephone Number

2 0 3 - 5 5 5 - 5 6 7 8

Evening Telephone Number

M O T H E R

Relationship to Beneficiary (optional)

### 4 Initial Contribution

Just follow these simple steps to fund your account:

- ✓ Select your Investment Option(s) and write the amount to be invested in each option.
- ✓ Check the appropriate box(es) below to indicate how you will make your contribution(s).
- ✓ Call 1-888-799-CHET for assistance, if needed.

**Make check(s) payable to the Connecticut Higher Education Savings Trust.**

Contributions are permitted by personal checks (excluding starter checks, credit card convenience checks or counter checks), bank drafts, teller's checks, money orders and checks issued by a financial institution or brokerage account payable to the Account Owner and endorsed over to the Program by the Account Owner, and third-party personal checks up to \$10,000. Checks must be drawn on a U.S. banking institution and must be payable in U.S. dollars.

Before selecting your Investment Option(s), be sure to read the Disclosure Booklet for information about each option. Your initial and subsequent contributions may be made by check or Electronic Funds Transfer (EFT); Rollovers from another Qualified Tuition Program; Automatic Contribution Plan (ACP) or Payroll Deduction, as described below and in the Disclosure Booklet.

**NOTE:** If you allocate your initial contribution to the Principal Plus Interest Option, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Principal Plus Interest Option, to the Money Market Option will not be permitted.

Deposit my Initial Contribution in: <i>Investment Option (Fund Code)</i>	Contribution Amounts <i>(See minimums below.)</i>									
Managed Allocation Option (Age based)	\$		2	,	0	0	0	.	0	0
Aggressive Managed Allocation Option (Age based)	\$			,				.		
High Equity Option (1955)	\$		1	,	5	0	0	.	0	0
100% Equity Index Option (2251)	\$			,				.		
Social Choice Equity Option (2260)	\$			,				.		
Principal Plus Interest Option (1956)	\$		1	,	5	0	0	.	0	0
100% Fixed Income Option (2253)	\$			,				.	0	0
Money Market Option (2261)	\$			,				.		
<b>Total Contribution Amount</b>	\$		5	,	0	0	0	.	0	0

**Check** *(Minimum \$25 per investment option)*

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and enclose your contribution check(s), payable to the Connecticut Higher Education Savings Trust, with this Account Application.

**Electronic Funds Transfer (EFT)** *(Minimum \$25 per investment option)*

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and provide your Banking Information in Section 5 of this form.

**[X] Rollovers under I.R.C. § 529**

(Minimum \$25 per investment option.)

You may open your account through a direct rollover from another Qualified Tuition Program (QTP), or through an indirect rollover from another QTP or from a Coverdell Education Savings Account (Education IRA).

- **To make a direct rollover**, you must submit a *Rollover Form* along with this *Account Application*.
- **To make an indirect rollover**, your rollover check must be payable to the *Connecticut Higher Education Savings Trust* and must be received within 60 days of the date of withdrawal from the other program or account. The Plan must receive a statement, including breakdown of the earnings and contributions, from your original account. If a statement is not received, then the entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal. You may provide the breakdown of contributions and earnings below or you may submit a statement from your former plan along with this form.

Contribution Amount	\$			2	,	0	0	0	.	0	0
Earnings Amount	\$				,	5	0	0	.	0	0
<b>Total Indirect Rollover Amount</b>	<b>\$</b>			<b>2</b>	<b>,</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>.</b>	<b>0</b>	<b>0</b>

**[X] 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 5 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.

**5 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.

<b>Type of Account</b> (check one):		<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Account Number:</b> 012-987654		<b>Routing Number:</b> 01234567890	
<b>Name(s) on Account</b> (The Account Owner's name must appear on the bank account.) John A Sample and Mary J Sample			
<b>Bank Name:</b> Citizens Savings		<b>Telephone Number:</b> 203-555-3952	

**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.

<b>Deposit my ACP Contribution in:</b> <i>Investment Option (Fund Code)</i>	<b>Contribution Amounts</b> <i>(See minimums below.)</i>										
Managed Allocation Option (Age based)	\$				,	2	0	0	.	0	0
Aggressive Managed Allocation Option (Age based)	\$				,				.	0	0
High Equity Option (1955)	\$				,	2	0	0	.	0	0
100% Equity Index Option (2251)	\$				,				.	0	0
Social Choice Equity Option (2260)	\$				,				.	0	0
Principal Plus Interest Option (1956)	\$				,	1	0	0	.	0	0
100% Fixed Income Option (2253)	\$				,				.	0	0
Money Market Option (2261)	\$				,				.	0	0
<b>Total Contribution Amount</b>	<b>\$</b>				<b>,</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>.</b>	<b>0</b>	<b>0</b>

✓ **Select the frequency of your contributions.**

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 20 <sup>th</sup>	<input type="checkbox"/> Other _____
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## 6 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 checked="" type="checkbox"/> Financial Advisor | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Tax advantages | <input checked="" 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.

## 7 Signature and Certification (You 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 upon 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 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 Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment.
- If I have provided banking information in Section 5, 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.

*John A Sample*

Signature of Account Owner

*February 19, 2008*

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



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