



- ✓ **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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#### 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.

<b>Type of Account</b> (check one):		<input checked="" type="checkbox"/> Checking
		<input type="checkbox"/> Savings
<b>Account Number:</b> 012-0123456		<b>Routing Number:</b> 01234567890
<b>Name(s) on Account</b> (The Account Owner, Custodian or Entity name must appear on the bank account.) John A Sample and Mary J Sample		
<b>Bank Name:</b> Citizens Savings		<b>Telephone Number:</b> 203-555-0968

#### 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.

**For Entity Accounts**, e.g. Trusts, Estates, Business Entities, IRC 501(c)(3) Organizations, or State/Local governments.

If I am signing on behalf of an entity, I certify that I am authorized by the entity Account Owner identified in Section 1 to act on its behalf and I have attached the appropriate documentation to substantiate authorization for this transaction.

<i>John A Sample</i>	<i>February 19, 2008</i>
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Account Owner, Custodian or Authorized Representative of Entity

Date

#### 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 Administration by TIAA-CREF Tuition Financing, Inc.  
Distributed by TIAA-CREF Individual & Institutional Services, LLC

CT0812.EBF



FINANCIAL SERVICES  
FOR THE GREATER GOOD™

## List of Approved Documents for Substantiation by Entity Account Owners

**Substantiation is required from an entity Account Owner when opening a Program Account or when conducting a transaction for that Account. Such documentation must include the following:**

- **the legal status of the entity;**
- **authorization by the entity to open the Account or conduct the transaction; and**
- **authorization by the entity for the signer of the form to open the Account or conduct the transaction.**

**The same document may provide substantiation of all of the three required elements.**

The documents set forth below have been approved by the Board to meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Program administrator's designee for consideration. The Program administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - ***If judged authentic and complete***, the Program administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - ***If judged inauthentic or incomplete***, the Program administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

**Please retain a copy of this notice with your records.**