



Connecticut Higher Education Trust Account Application for a Custodial Account

Use this form to open a new Program Account under UGMA/UTMA *
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

- Before completing this form, carefully read the *Program Disclosure Booklet and Participation Agreement* (contained in the *Disclosure Booklet*).
- 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 the Investment Option through this form.
- You must complete a separate *Account Application* for each Beneficiary.

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 Custodian Information *(You must provide all requested information.)*

The Custodian 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.

Name (First, MI, Last, Suffix)

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

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number or Taxpayer Identification Number

Gender (M/F)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm-dd-yyyy)

()														
---	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Day Telephone Number

()														
---	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Evening Telephone Number

Relationship to Beneficiary (optional)

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

2 Minor (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.

Name (First, MI, Last, Suffix)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number or Taxpayer Identification Number

Gender (M/F)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm-dd-yyyy)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address on the following page.

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *Disclosure Booklet* for more information.

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)

CHET Baby Scholars

CHET Baby Scholars provides a \$100 contribution into the CHET account of any beneficiary under one year old who was born on or after January 1, 2014, and provides an additional \$150 match if at least \$150 is contributed to the account by the Beneficiary's fourth birthday. Visit www.aboutchet.com/babyscholars to read the Official Rules. Use the below boxes to confirm your participation ('opt-in'), and acknowledge you have read and agree to the Official Rules of CHET Baby Scholars. You must opt-in to participate.

Check only 1 box below:

- Opt-In to CHET Baby Scholars program, for new baby less than a year old, born on or after January 1, 2014
- Adoptions: Opt-In to CHET Baby Scholars program for a newly adopted child of any age, adopted on or after January 1, 2014. **If you select Adopted Beneficiary and you do not provide the adoption date, your opt-in cannot be accepted.**

		-			-				
--	--	---	--	--	---	--	--	--	--

Adoption Date (mm-dd-yyyy)

3 Initial Contribution

Complete this section to allocate your initial and future contributions, excluding any payroll deduction contributions, to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Options as you wish from the list below.

You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Options	Whole Percentage <i>(per Investment Option)</i>
Moderate Managed Allocation Option (Age based)	%
Aggressive Managed Allocation Option (Age based)	%
Conservative Managed Allocation Option (Age based)	%
Active Equity Option (2282)	%
High Equity Option (1955)	%
Equity Index Option (2251)	%
Social Choice Equity Option (2260)	%
Active Fixed Income Option (2253)	%
Index Fixed Income Option (2281)	%
Principal Plus Interest Option (1956)	%
U.S. Equity Index Option (2304)	%
International Equity Index Option (2305)	%
Global Tactical Asset Allocation Option (2306)	%
Money Market Option (2261)	%
TOTAL	100%

5 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.¹

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

6 Automatic Contribution Plan

Contribution Amount

	.00
--	-----

Investment Dates

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

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
------------------------------------	----------------------------------	------------------------------------	--------------------------------

Month(s) Select the month(s) you would like your Automatic Contributions made (you must select at least one).

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"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s) Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

¹ By providing banking information, you also authorize the Program to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through the Connecticut Higher Education Savings Program website provided your banking information has been on file for a minimum of 30 days. Please do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information

7 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 hereby establish, as the Account Owner, an Account representing an interest in the Connecticut Higher Education Trust (the "Trust") for the Beneficiary to be named on this application, and enter into this Participant Agreement (this "Agreement") relating to the Account with the Trust. The Treasurer of the State of Connecticut is the Trustee of the Trust (the "Trustee"). I understand that the Trustee has retained TIAA-CREF Tuition Financing, Inc. as the program manager (the "Program Manager") for the Connecticut Higher Education Trust (the Direct Plan) and that this Agreement is subject to and incorporates by reference the information concerning the Trust, the Direct Plan, and the terms applicable to my Account, contained in the Program Disclosure Booklet and its Appendix (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Disclosure Booklet.

- 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 the initial and future contributions for this account will be invested using the Allocation Instructions I provided in Section 3. I further understand that I may change my Allocation Instructions at any time.
- 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 provided banking information in Section 4, I authorize the *Connecticut Higher Education 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 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.

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

A12301:10/15