



# Connecticut Higher Education Trust Electronic Banking Information Form

**Questions?** Call toll-free 1-888-799-2438  
Or write to the Program at P.O. Box 150499 Hartford, CT 06115-0499  
Visit [www.aboutCHET.com](http://www.aboutCHET.com)

### Instructions.

- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address. You must include a pre-printed voided check or a pre-printed deposit slip to add or change bank information.
- A Signature Validation Program (SVP) Stamp is required for entity Account Owners or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 7.

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

<i>Program Account Number</i>	<i>Telephone Number</i>
<i>Account Owner or Custodian Name (First, MI, Last, Suffix) or Entity Name</i>	
<i>Beneficiary Name (First, MI, Last, Suffix)</i>	
<i>Account Owner Email Address</i>	

## 2 What would you like to do? *(Check all that apply.)*

<b>Automatic Contribution Plan (ACP)</b> (From Account Owner or third-party bank account)			
<input type="checkbox"/> Establish	<input type="checkbox"/> Modify	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information
<b>Account Owner Bank Account Information</b>			
<input type="checkbox"/> Establish	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information	
<b>Third-Party Banking Information</b>			
<input type="checkbox"/> Establish	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information	

## 3 Banking Information

**Complete this section if the Program Account Owner's name appears on the bank account registration**  
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. Provide a pre-printed voided check or pre-printed deposit slip along with this form. If you are using a checking account, please do not use a deposit slip; use a voided check.

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

## 4 Contributions From Third-Party Bank Accounts *(Complete if applicable.)*

The following information must be provided if a third party (i.e., a person other than you as the Account Owner) wishes to make one or more contributions to the Account by authorizing the Program to directly withdraw amounts from his or her bank account. If the third-party previously authorized such withdrawals from his or her bank account, this section may also be used to change the third party's personal information, bank information and/or withdrawal instructions. All of the information requested in this section must be provided, including the third party's signature and a notarization

The third party may authorize the Program to debit his or her bank account as a one-time electronic funds transfer or periodically through an Automatic Contribution Plan. The third party may cancel future withdrawals from his or her bank account at any time by contacting the Program Manager.

**The third party will not retain any rights with respect to amounts contributed to the Account.** The Account Owner becomes the legal owner of any amounts contributed to the Account by the third party. The contribution(s) will be allocated in accordance with the Account Owner's standing Allocation Instructions. The Program **will not** permit withdrawals from the Account to be deposited into the third party's bank account.

Quarterly Account statements and confirmation statements are sent only to the Program Account Owner unless a completed Authorization to receive Program Information form has been received by the Program with instructions to send Account statements or confirmation statements to a third party. Contributors should retain and review bank account statements regarding contributions made to the Program.

### Third Party's Personal Information

Name (First, MI, Last, Suffix)

Residential Address (this must be a street address - a P.O. Box is not acceptable)

Residential Address City

State

Zip Code

Mailing Address, if different from the above address

Mailing Address City

State

Zip Code

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Day Telephone Number

Evening Telephone Number

### Third Party's Bank Information

Type of Account (check one):

- Checking  
 Savings

Account Number:

Routing Number:

Name(s) on Account (the third party's name must appear on the bank account):

Bank Name:

Bank Telephone Number:

### Third Party Signature and Authorization

**By signing below**, I authorize the Program, as applicable, to debit my bank account, or to change information associated with withdrawals that I previously authorized, as provided in this section of 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 the Program 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.

As a person other than the Account Owner for the Account to which the contribution(s) will be made, I understand that I will not retain any rights with respect to the amounts withdrawn from my bank account once they are credited to the Account. I further understand that once the amounts withdrawn from my bank account are credited to the Account, the Account Owner becomes the rightful owner of all such amounts and retains full control thereof.

## Signature and Notarization are Required to Add Third Party Bank Instructions

<hr/> <i>Signature of Third Party</i>	<hr/> <i>Date</i>
---------------------------------------	-------------------

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Third-Party Bank Account Owner

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_  
(name of person).

\_\_\_\_\_  
Notary Public (Seal)

My term expires: \_\_\_\_\_

## 5 Automatic Contribution Plan (ACP) Instructions

### Contribution Amount

\$  .00

### Investment Dates

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

<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"/> 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.

### 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.*

<b>Day(s) of Each Month</b>

## 6 Allocation Instructions *(Check one box)*

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
  - Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
  - The Program will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
  - These allocation instructions will not apply to payroll contributions, if any.

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

<b>Investment Option Name</b> ( <i>Investment Option Code</i> )	<b>Whole Percentage</b> ( <i>per Investment Option</i> )	<b>Check if new Investment Option<sup>1</sup></b>
Moderate Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Conservative Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Active Global Equity Option (2282)	%	<input type="checkbox"/> New Option
High Equity Balanced Option (1955)	%	<input type="checkbox"/> New Option
Global Equity Index Option (2251)	%	<input type="checkbox"/> New Option
Social Choice Equity Option (2260)	%	<input type="checkbox"/> New Option
Active Fixed Income Option (2253)	%	<input type="checkbox"/> New Option
Index Fixed Income Option (2281)	%	<input type="checkbox"/> New Option
Principal Plus Interest Option (1956)	%	<input type="checkbox"/> New Option
U.S. Equity Index Option (2304)	%	<input type="checkbox"/> New Option
International Equity Index Option (2305)	%	<input type="checkbox"/> New Option
Global Tactical Asset Allocation Option (2306)	%	<input type="checkbox"/> New Option
Money Market Option (2261)	%	<input type="checkbox"/> New Option
<b>TOTAL</b>		<b>100%</b>

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

- I certify that all of the information provided by me on this form is true, complete and accurate.
- I certify that I have the authority to transact on the bank account listed by me in Section 3.
- I authorize the *Connecticut Higher Education Trust* to act on my instructions above, including 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 any such debits to my Account without responsibility for the accuracy of the transaction. I further agree that neither the *Connecticut Higher Education Trust* nor its agents or contractors will be liable for any loss, liability, cost or expense for acting upon these instructions.

**For Entity Accounts**, if I am signing on behalf of an entity, I certify I am authorized by the entity Account Owner identified in Section 1 to act on its behalf.

--	--

*Account Owner, Custodian or Authorized Representative of Entity*

*Date*

**Important Information**

A Signature Validation Program (SVP) Stamp is required for all entity Accounts except accounts owned by a trust so long as current trust documents naming all trustees are on file with the Program and may be required for Accounts for 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 Program 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 a *Program Power of Attorney Form* accompanies this form.

**AFFIX STAMP HERE**

**Mail 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

A12311:10/18

<sup>1</sup> If a new Investment Option is opened, a different option number will be assigned.