



**Connecticut Higher Education Trust  
Electronic Banking Information Form**

Use this form to add, change or delete your Automatic Purchase Plan (ACP) or Electronic Purchase Option  
**Questions?** Call toll-free 1-888-799-CHET (1-888-799-2438)  
P.O. Box 150499, Hartford, CT 06115-0499  
Visit [www.aboutCHET.com](http://www.aboutCHET.com)

**Instructions**

- Complete all sections of this form to add or change your Automatic Contribution Plan (ACP) and/or Electronic Purchase Option.
- 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 6<sup>1</sup>.

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

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<p><i>Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name</i></p>																															
<p><i>Beneficiary Name (First, MI, Last, Suffix)</i></p>																															

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

<b>Automatic Contribution Plan (ACP)</b> (Complete Sections 3, 4 and 5.)		
<input type="checkbox"/> Establish/Modify	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Delete (Complete Section 5 only)
<b>Electronic Purchase Option</b> (Complete Sections 4 and 5.)		
<input type="checkbox"/> Establish	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Delete (Complete Section 5 only)

**3 Automatic Contribution Plan (ACP)**

**Contribution Amount**

\$ 

	.00
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**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
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**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.*

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

## 4 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> (Investment Option Code)	<b>Whole Percentage</b> (per Investment Option)	<b>Check if new Investment Option<sup>2</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>

**NOTE:** if you allocate your contributions 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.

## 5 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 type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>Account Number:</b>	<b>Routing Number:</b>
<b>Name(s) on Account</b> (The Account Owner, Custodian or Entity must be named on the bank account.)	
<b>Bank Name:</b>	<b>Telephone Number:</b>

<sup>2</sup> If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

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

By signing this form, I authorize the *Connecticut Higher Education 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 the *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.

I certify that I am the Account Owner or I have the authority to act as the Account owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.<sup>1</sup>)

\_\_\_\_\_  
*Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity*

\_\_\_\_\_  
*Date*

**IMPORTANT INFORMATION**

A Signature Validation Program Stamp (SVP) is required for all entity Accounts and may be required for Accounts in 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 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 an executed Program *Power of Attorney Form* accompanies this form.

**AFFIX SVP STAMP HERE**

**Mail this form to:**

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

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