



## Connecticut Higher Education Trust Account Application for an Entity Account

Use this form to open an Account for a Trust, Estate, Business Entity, 501(c)(3) Organization, or State or Local Government or Agency  
**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

- Before completing this form, 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 that 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, home telephone number, Social Security number or Taxpayer Identification Number and other information that will allow us to identify you. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

## 1 Entity Account Owner Information *All requested information must be provided.*

Entity Participants are required to provide additional documentation to open an Account, as described in the *Plan Disclosure Booklet and Participation Agreement*. Please refer to the *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Participants* that accompany this *Account Application*.

#### Type of Entity *(check one)*

- Trust or Estate (Foreign Trusts not eligible.)
- <sup>1</sup>Business Entity (Corporation, Partnership, Company or Association)
- <sup>2</sup>Internal Revenue Code (IRC) Section 501(c)(3) Organization
- State or Local Government, or Agency or Instrumentality thereof

#### Type of Account *(check one)*

- Entity Account for Named Beneficiary
- Qualified Scholarship Account for Named Beneficiary
- Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c)(3) Organization)

Entity Name

Principal Place of Business or Local Office 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, if different from above address

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Evening Telephone Number

Relationship to Beneficiary (optional)

Email Address

<sup>1</sup>Additional information may be required to establish your account. Please see Section 2 for details.

<sup>2</sup>Additional information may be required to establish your account. Please see Section 2 for details.

## 2 Legal Entity Beneficial Ownership (For all Business Entities and IRC Section 501(c)(3) Organizations)

### Legal Entity Beneficial Ownership Certification

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. In some cases, federal law also requires the Plan to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

This section **MUST** be completed by the person opening a new account on behalf of a legal entity. For the purpose of this section, a legal entity includes a corporation, a limited liability company, a general partnership, statutory trust, a non-profit and any similar business entity formed in the United States.

When you open an account, we will ask for names, addresses, dates of birth and other information that will allow the Plan to identify you and other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

For any non-U.S. citizens being named as a beneficial owner in Sub-section A or as a Control Person in Sub-section B, you must provide a non-expired, government-issued document such as a passport showing a number and photograph.

This section requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25% or more of the equity interest of the legal entity customer (e.g., each natural person that owns 25% or more of the shares of a corporation); AND
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President or Treasurer).

#### **Sub-section A - Beneficial Owner(s)**

- Check this box if there are no Beneficial Owners of this entity of 25% or greater. Nonprofit organizations do not have to complete this sub-section. Please skip to sub-section B.

If no single individual owns 25% or more of this entity, do not complete the beneficial owner sections below. You must notify the Plan if or when an individual ever owns 25% or more of the entity.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

#### **Sub-section B – Control Person**

Please provide the following information for one individual with significant responsibility for managing the legal entity, such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer) or any other individual who regularly performs similar functions. If appropriate, an individual listed under sub-section A above may also be listed in sub-section B.

Name and Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

### 3 Authorized Representatives Required for all Entity Account Owners

An Entity Account Owner must designate one or more authorized representative(s) to act on its behalf and each must have a Social Security number or Taxpayer Identification Number. Up to two authorized representatives can be listed below and an additional page can be attached, if needed.

- Check this box if the Control Person named in Sub-section B is also the Authorized Representative for the Entity named in Section 1. If so, the remainder of Section 3 may be left blank unless additional Authorized Representatives are to be named.

#### Authorized Representative Information - 1

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

#### Authorized Representative Information - 2

Authorized Representative Name (First, MI, Last, Suffix)

Title or Position

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

### 4 Beneficiary Information

The Beneficiary must be an individual residing in the United States with a valid Social Security number or Taxpayer Identification Number. You must name a Beneficiary for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) or a state or local government that will name a Beneficiary in the future. You must provide a residential address for the Beneficiary 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 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.)

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](http://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:

- 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)

## 5 Select Investment Options

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 (per Investment Option)
Moderate Managed Allocation Option (Age based)	%
Aggressive Managed Allocation Option (Age based)	%
Conservative Managed Allocation Option (Age based)	%
Active Global Equity Option (2282)	%
High Equity Balanced Option (1955)	%
Global 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)	%
<b>TOTAL</b>	<b>100%</b>

## 6 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section.

- Check** - Make check payable to the **Connecticut Higher Education Savings Program**. Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Program by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

Amount \$

- One-Time Electronic Funds Transfer (EFT)**

Please provide bank information in **Section 7**

Amount \$

- Automatic Contribution Plan (ACP)**

Complete **Sections 7 and 8 below** to make regularly scheduled contributions from your bank.

- Rollover**

- To roll over proceeds directly from another 529 plan, submit the Program's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date of the withdrawal from the other qualified tuition program or Coverdell ESA. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$

**Payroll Deduction**

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 7 and 8 below to make regularly scheduled contributions to the Program from your bank account. Please complete the payroll form that can be downloaded from the Program's website, [www.aboutchet.com](http://www.aboutchet.com), and provide your allocation instructions for payroll deduction contributions only on that form.

**Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)**

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

**Proceeds from the redemption of a qualified U.S. savings bond**

Please provide the breakdown of contribution and earnings below AND submit a Form 1099-INT with these amounts with this form.

Cost Basis	\$			,			.		
Earnings	\$			,			.		
<b>Total Indirect Rollover Amount</b>	<b>\$</b>			,			.		

**Note:** If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. savings bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Program.

**7 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 10 days to initiate these options.

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

**8 Automatic Contribution Plan**

**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"/> March	<input type="checkbox"/> April
	<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

**9 Signature and Certification** (An Authorized Representative must sign this section or this Account will not be opened.)

By signing below, I am agreeing on behalf of the entity named in Section 1 to the 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 Plan 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).
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- I understand that the 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 understand the initial and future contributions for this account will be invested using the Allocation Instructions I provided in Section 5. I further understand that I may change my Allocation Instructions at any time.
- I have received, read and understand the Disclosure Booklet, including the Participation Agreement.
- If I have provided banking information in Section 7 on behalf of the entity named in Section 1, I authorize the Connecticut Higher Education Trust to debit the Entity's bank account and to deposit such funds into its Program Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree on behalf of the entity named in Section 1 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 Authorized Representative of Entity

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.

**Documentary Evidence Requirements for Opening New Entity Accounts**

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with your Account Application and is required to establish the identity of the entity Account Owner upon opening an Account.

Type of Entity	Documentary Evidence
<b>Corporation</b>	<ul style="list-style-type: none"> <li>▪ Certified Articles of Incorporation or a government-issued business license.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>▪ Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency.</li> </ul>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>▪ Copy of the Partnership Agreement.</li> </ul>
<b>Limited Liability Corporation (LLC)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the LLC Agreement.</li> </ul>
<b>Estate</b>	<ul style="list-style-type: none"> <li>▪ Certified copy of the court order establishing the estate.</li> </ul>
<b>Nonprofit Organization under IRC Section 501(c)(3)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).</li> </ul>

Entity Account Owners may also be required to provide additional substantiation to open and transact business in a Program Account. For more information, please refer to the List of Approved Documents for Substantiation by Entity Account Owners that appears on the following page.



**Overnight Mail**  
 Connecticut Higher Education Trust  
 430 W 7th Street Suite 150499  
 Kansas City, MO 64105-1407

**Mail this form to:**  
**Regular Mail**  
 Connecticut Higher Education Trust  
 P.O. Box 150499  
 Hartford, CT 06115-0499



## 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.**