

2 Authorized Representatives (You must provide all requested information.)

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.

Authorized Representative Information - 1

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

Title or Position

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Social Security Number or Taxpayer Identification Number

Day Telephone Number

Authorized Representative Information - 2

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

Title or Position

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Social Security Number or Taxpayer Identification Number

Day Telephone Number

3 Beneficiary 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 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)

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Social Security Number or Taxpayer Identification Number

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 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)

4 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 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 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 6**

Amount \$

Automatic Contribution Plan (ACP)

Complete **Sections 6 and 7 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 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 6 and 7 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 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 with these amounts with this form.

Cost Basis	\$,				.		
Earnings	\$,				.		
Total Indirect Rollover Amount	\$,				.		

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.

6 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.

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

7 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"/> 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

8 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 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 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 4. 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 6 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
Corporation	<ul style="list-style-type: none"> ▪ Certified Articles of Incorporation or a government issued business license.
Trust	<ul style="list-style-type: none"> ▪ Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency
Partnership	<ul style="list-style-type: none"> ▪ Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	<ul style="list-style-type: none"> ▪ Copy of the LLC Agreement
Estate	<ul style="list-style-type: none"> ▪ Certified copy of the court order establishing the estate.
Non-Profit Organization under IRC Section 501 (c)(3)	<ul style="list-style-type: none"> ▪ 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).

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.

Mail this form to:
 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.