

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

J O H N A S A M P L E

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

T R U S T E E

Title or Position

0 1 2 - 3 4 - 5 6 7 8

Social Security Number or Taxpayer Identification Number

M
Gender (M/F)

0 1 - 1 5 - 1 9 6 5

Date of Birth (mm-dd-yyyy)

2 0 3 - 5 5 5 - 5 6 7 8

Day Telephone Number

Authorized Representative Information - 2

M A R Y J S A M P L E

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

T R U S T E E

Title or Position

4 5 6 - 7 8 - 9 2 1 3

Social Security Number or Taxpayer Identification Number

F
Gender (M/F)

1 2 - 1 0 - 1 9 7 0

Date of Birth (mm-dd-yyyy)

2 0 3 - 5 5 5 - 1 2 3 4

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.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6

Social Security Number or Taxpayer Identification Number

F
Gender (M/F)

0 6 - 3 0 - 2 0 0 1

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)

4 Initial Contribution

Just follow these simple steps to fund your account:

- ✓ Select your Investment Option(s) and write the amount to be invested in each option
- ✓ Check the appropriate box(es) below to indicate how you will make your contribution(s).
- ✓ Call 1-888-799-CHET for assistance, if needed.

Make check(s) payable to the Connecticut Higher Education Savings Trust.

Contributions are permitted by personal checks (excluding starter checks, credit card convenience checks and counter checks), bank drafts, teller's checks, money orders and checks issued by a financial institution or brokerage account payable to the Account Owner and endorsed over to the Program by the Account Owner, and third-party personal checks up to \$10,000. Checks must be drawn on a U.S. banking institution and must be payable in U.S. dollars.

Before selecting your Investment Option(s), be sure to read the *Disclosure Booklet* for information about each option. Your initial and subsequent contributions may be made by check or Electronic Funds Transfer (EFT); Rollovers from another Qualified Tuition Program or Automatic Contribution Plan (ACP), as described below and in the *Disclosure Booklet*.

NOTE: If you allocate your initial contribution 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.

Deposit my Initial Contribution in: <i>Investment Option (Fund Code)</i>	Contribution Amounts <i>(See minimums below.)</i>										
Managed Allocation Option (Age based)	\$			2	,	0	0	0	.	0	0
Aggressive Managed Allocation Option (Age based)	\$,				.		
High Equity Option (1955)	\$			2	,	0	0	0	.	0	0
100% Equity Index Option (2251)	\$,				.		
Social Choice Equity Option (2260)	\$,				.		
Principal Plus Interest Option (1956)	\$			1	,	0	0	0	.	0	0
100% Fixed Income Option (2253)	\$,				.	0	0
Money Market Option (2261)	\$,				.		
Total Contribution Amount	\$			5	,	0	0	0	.	0	0

[X] Check

(Minimum \$25 per investment option)

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and enclose your contribution check(s), payable to the *Connecticut Higher Education Savings Trust*, with this *Account Application*.

Electronic Funds Transfer (EFT)

(Minimum \$25 per investment option)

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and provide your Banking Information in Section 5 of this form.

[X] Rollovers under I.R.C. § 529

(Minimum \$25 per investment option.)

You may open your account through a direct rollover from another Qualified Tuition Program (QTP), or through an indirect rollover from another QTP or from a Coverdell Education Savings Account (Education IRA).

- **To make a direct rollover**, you must submit a *Rollover Form* along with this *Account Application*.
- **To make an indirect rollover**, your rollover check must be payable to the *Connecticut Higher Education Savings Trust* and must be received within 60 days of the date of withdrawal from the other program or account. The Plan must receive a statement, including breakdown of the earnings and contributions, from your original account. If a statement is not received, then the entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal. You may provide the breakdown of contributions and earnings below or you may submit a statement from your former plan along with this form.

Contribution Amount	\$			2	,	0	0	0	.	0	0
Earnings Amount	\$,	5	0	0	.	0	0
Total Indirect Rollover Amount	\$			2	,	5	0	0	.	0	0

[X] Automatic Contribution Plan

(Minimum \$25 per investment option)

You may select the Automatic Contribution Plan (ACP) to have funds automatically transferred from your bank account to the Plan. You must provide all requested information in the *Banking Information* in Section 5 of this form. It may take up to ten days to initiate this option.

5 Banking Information

The following information is required if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or to make subsequent contributions through 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.

Type of Account <i>(check one):</i>		<input checked="" type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number: 012-1234567	Routing Number: 01234567890	
Name(s) on Account <i>(The Entity name must appear on the bank account.)</i> The Sample Family Trust, John A Sample and Mary J Sample Trustees		
Bank Name: Citizens Savings	Telephone Number: 203-555-3952	

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above if you check this box.

Yes, I elect the Electronic Purchase Option.

Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information here.

- ✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP Contribution in: <i>Investment Option (Fund Code)</i>	Contribution Amounts <i>(See minimums below.)</i>							
Managed Allocation Option (Age based)	\$,	2 0 0	.	0 0
Aggressive Managed Allocation Option (Age based)	\$,		.	0 0
High Equity Option (1955)	\$,	2 0 0	.	0 0
100% Equity Index Option (2251)	\$,		.	0 0
Social Choice Equity Option (2260)	\$,		.	0 0
Principal Plus Interest Option (1956)	\$,	1 0 0	.	0 0
100% Fixed Income Option (2253)	\$,		.	0 0
Money Market Option (2261)	\$,		.	0 0
Total Contribution Amount	\$,	5 0 0	.	0 0

- ✓ **Select the frequency of your contributions.**

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

<input type="checkbox"/> Bi-weekly	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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- ✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input checked="" 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.

- ✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

<input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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6 Optional Information

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the Program. See *Notice of TIAA-CREF Privacy Policy* in the *Disclosure Booklet*.

How did you hear about the Connecticut Higher Education Savings Trust? *(Check one or more.)*

- Direct Mail E-mail Employer TIAA-CREF Colleague Other
 Television Commercial Radio Print Ad Financial Advisor Family/Friend Program Representative

What aspect of the Connecticut Higher Education Savings Trust is most appealing to you? *(Check one or more.)*

- Tax advantages Flexibility Estate planning Professional money management

Would you like to receive TIAA-CREF materials unrelated to the Connecticut Higher Education Savings Trust?

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Program.

7 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 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 have received, read and understand the *Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover, then I also certify that this amount was withdrawn from another Qualified Tuition Program within the last 60 days to qualify for rollover treatment.
- If I have provided banking information in Section 5 on behalf of the entity named in Section 1, I authorize the *Connecticut Higher Education Savings 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 Savings 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.

John A Sample, Trustee

February 18, 2008

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 and 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:

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



Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by TIAA-CREF Individual & Institutional Services, LLC



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.