



Independent 529 Plan Account Application – Individual

Toll Free Phone: 1-888-718-7878
 Mon-Fri 8 a.m. to 8 p.m. ET.
 Web Site: www.Independent529Plan.org

1. Please read the Disclosure Booklet and Enrollment Agreement (found in the Disclosure Booklet) for the Independent 529 Plan before completing this Application.
2. A separate Account Application must be completed for each Beneficiary. You can make and use a copy of this form for each Beneficiary you wish to open an Account for.
3. Print in capital letters and use blue or black ink.

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, Social Security Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

1 Account Owner Information

The Account Owner must be a citizen or resident alien of the United States and have a Social Security or Taxpayer I.D.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	MI	Last Name	Suffix (e.g., "Jr.")
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm,dd,yyyy)		M=Male F=Female	Social Security Number or Taxpayer Identification Number	

Residence Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone Number	Business Phone Number	Extension

<input type="text"/>	<input type="text"/>
E-Mail Address (optional)	Relationship to Beneficiary (optional)

2 Beneficiary Designation: The designated Beneficiary of this Independent 529 Plan Account is:

The Beneficiary can reside outside of the United States but must have a Social Security or Taxpayer I.D.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	MI	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm,dd,yyyy)		M=Male F=Female	Social Security Number or Taxpayer Identification Number	

Check here to use the same address and phone number as the Account Owner. If so, do not fill in address below.

Residence Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Home Phone Number	

If Foreign Address:

<input type="text"/>	<input type="text"/>
Province or Region	Country

6 Purchases From Your Bank Account

Electronic Purchase Option

I elect the **Electronic Purchase Option** and wish to make subsequent purchases from my bank account at any time. I can request the purchase by calling a phone representative or by using the Internet or automated telephone system. Complete the banking instructions section below for this option.

Automatic Certificate Purchase (ACP)

I wish to make pre-scheduled, recurring purchases directly from my bank account through the **Automatic Certificate Purchase (ACP)**. Withdrawals will begin the month after the receipt of this Account Application. It takes 10 business days to initiate ACP.

Withdraw the amount indicated below and deposit it into the Independent 529 Plan.

Amount
\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

The deposit is to occur (check either Every Month or check the appropriate months):

<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

On the following day(s) of the month: and

Banking Instructions

This information must be completed if your initial purchase is through Electronic Funds Transfer or if you select the Electronic Purchase Option or the Automatic Certificate Purchase.

By signing in Section 9, you authorize the Independent 529 Plan to debit your bank account and to deposit such funds into your Independent 529 Plan Account. You authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. You further agree that neither the Independent 529 Plan 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.

Name(s) on Account (Account Owner's name must appear as on the bank account)

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Type of Account

Checking Savings

Bank Branch Telephone Number

- -

Bank Routing Number

Bank Account Number

Tape your **voided** check or pre-printed deposit/withdrawal slip here.
This is required to ensure the Program can obtain proper bank account information.

7 Additional Information (optional)

This information is for research only. See Privacy Policy and the Enrollment Agreement contained in the Disclosure Booklet.

How did you hear about the Independent 529 Plan?

- My Alma Mater College Advisor Child's School Family/Friend Financial Advisor Employer
 Direct Mail Television Radio Print Ad Web Site Other

What is your total annual household income?

- less than \$25,000 \$25,001 – \$50,000 \$50,001 – \$75,000 \$75,001 – \$100,000
 \$100,001 – \$150,000 \$150,001 – \$200,000 Over \$200,000

What one aspect of the Independent 529 Plan is most appealing to you?

- Ability to Purchase and "Lock in" Set Amount of Tuition. The Roster of Private Colleges and Universities Ability to Buy at "Below Today's Prices"—Discounted Rate of Tuition Tax/Estate Planning Advantages Other

Did you attend college?

- Yes, (Please print the name and state of the college you attended) _____
 No

8 Mailings to Participating Institutions

Your name and address may be provided to Participating Institutions in the Plan for purposes of providing you information about their educational programs, unless you elect not to have your information disclosed for this purpose by checking the box below or calling us at 1 (888) 381-8283.

- I choose not to have my information disclosed to Participating Institutions for the purpose of receiving materials from them, even though none would be sent until my Beneficiary reaches high school age.

9 Signature of Account Owner

By signing below, I am agreeing to the terms and conditions in the Enrollment Agreement for the Independent 529 Plan contained in the Disclosure Booklet, including this Account Application (together, the "Enrollment Agreement"). I understand and agree that the Enrollment Agreement contained in the Disclosure Booklet governs the terms and conditions of the Account and is incorporated herein 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.
- I understand that the Independent 529 Plan may be amended from time to time and I understand and agree that I will be subject to the terms and conditions of those amendments.

Signature of Account Owner

Date

Please retain a copy of your signed Account Application for your records.

Mailing Address:
Independent 529 Plan
P.O. Box 55191
Boston, MA 02205-8217



Tuition Plan Consortium, LLC
Program Sponsor
TIAA-CREF Tuition Financing, Inc.
Program Manager