



**3 Beneficiary's Expected College Enrollment Date and designation of Favorite Institutions**

Please provide your Beneficiary's Expected College Enrollment Year (eg. 2015/2016) 

y	y	y	y

 / 

y	y	y	y

If no Expected College Enrollment Year is provided, we will use the later of: (a) the year in which your Beneficiary attains age 18, or (b) 3 years from the date of this purchase for illustration purposes on your Account statements.

Please designate at least one and up to five Favorite Institutions to be used for illustration purposes on your Account statements. Please print the name of each selected Favorite Institution and the U.S. State in which they are located, below. **Favorite institutions must be on the list of participating institutions.** (See the Schedule of Participating Institutions and Tuition Rates or visit our website for a listing of participating Member Institutions.)

	Name of Institution	State
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**4 Electronic Purchase Option**

- I elect the **Electronic Purchase Option** and wish to make subsequent purchases from my bank account on file or listed in Section 5 at any time. I can request the purchase by calling a phone representative, or by using the Internet or automated telephone system. You can purchase as little as \$25 now, although you must contribute no less than \$500 within 2 years of your first purchase.
- I elect to delete my previously requested Electronic Purchase Option.

**5 Automatic Certificate Purchase (ACP)**

The **Automatic Certificate Purchase (ACP)** provides for pre-scheduled, recurring purchases directly from your bank account already on file with the Program or listed in Section 5. Withdrawals will begin the month after the receipt of this Form. It takes 10 days to initiate ACP.

- I elect to initiate ACP based on the information provided below.
- I want to change an existing ACP to the information provided below.

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

<b>Amount</b>																
\$ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> , <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>0</td></tr><tr><td> </td><td> </td></tr></table>													0	0		
0	0															

**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 


- I elect to delete my previously requested Automatic Certificate Purchase option.

**6 Banking Instructions**

This information must be completed to initiate the Electronic Purchase Option or the Automatic Certificate Purchase, or if you wish to change banking instructions.

By signing in Section 6, you authorize the Independent 529 Plan to debit your bank account and to deposit such funds into your 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 on the bank account)

Two rows of 25 empty boxes each for entering the account owner's name.

Type of Account

Checking       Savings

Bank Branch Telephone Number

Three boxes - hyphen - three boxes - four boxes

Bank Routing Number

Nine empty boxes for routing number

Bank Account Number

Eight empty boxes for 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 Signature**

Please sign exactly as your name appears on your Account Confirmation Statements.

If I completed Section II, I understand that no withdrawal can be made from this Account within 30 days of the effective date of the change of address unless a signature guarantee is affixed to this form.

Signature of Account Owner or Parent/Legal Guardian If Account Owner is a Minor

Date

Please return this form and an unsigned voided bank check or savings deposit slip, as requested in Section 5, in the enclosed business reply envelope. If you do not have a business reply envelope, use a stamped envelope and send to:

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

