



**Path2College 529 Plan**  
**Account Application for a Custodial Account**  
Use this form to open a new Plan Account under UGMA/UTMA \*  
**Questions?** Call toll-free 1-877-424-4377  
Or write to the Plan at P.O. Box 219293, Kansas City, MO 64121-9293  
Visit [www.path2college529.com](http://www.path2college529.com)

**Instructions**

- Read the *Disclosure Booklet* and *Participation Agreement for a Custodial Account* (contained in the *Disclosure Booklet*) carefully before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Plan, even if you have not opened that 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 the form, then mail it to the Plan 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, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the required information, we may not be able to open an Account or effect any transactions for you.

**1 Custodian Information** (You must provide all requested information.)

The Custodian must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number, who is at least 18 years of age, or an emancipated minor, at the time the Account is opened and a contribution is made. You must provide a residential address or this Account cannot be opened.

[Empty text box for Name]

Name (First, MI, Last, Suffix)

[Empty text box for Residential Address]

Residential Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

[Empty text box for Residential Address City, State, Zip]

Residential Address City, State, Zip

[Empty text box for Mailing Address]

Mailing Address, complete only if different from above

[Empty text box for Mailing Address City, State, Zip]

Mailing Address City, State, Zip

[Social Security Number or Taxpayer Identification Number grid]

Social Security Number or Taxpayer Identification Number

[Gender (M/F) box]

Gender (M/F)

[Date of Birth (mm-dd-yyyy) grid]

Date of Birth (mm-dd-yyyy)

[Day Telephone Number grid]

Day Telephone Number

[Evening Telephone Number grid]

Evening Telephone Number

[Empty text box for Relationship to Beneficiary]

Relationship to Beneficiary (optional)

[Empty text box for Email Address]

Email Address

**2 Minor (Beneficiary) Information** (You must provide all requested information.)

The Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

[Empty text box for Name]

Name (First, MI, Last, Suffix)

[Social Security Number or Taxpayer Identification Number grid]

Social Security Number or Taxpayer Identification Number

[Gender (M/F) box]

Gender (M/F)

[Date of Birth (mm-dd-yyyy) grid]

Date of Birth (mm-dd-yyyy)

\* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *Disclosure Booklet* for more information.

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential 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)

### 3 Select Investment Option

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)
Managed Allocation Option (Age based)	%
Aggressive Managed Allocation Option (Age based)	%
100% Equity Option (1213)	%
Balanced Fund Option (1214)	%
Fixed Income Option (1389)	%
Guaranteed Option (1215)	%
Money Market Option (1390)	%
<b>TOTAL</b>	<b>100%</b>

### 4 Contribution Methods (Please check all that apply.)

Indicate your method of contribution in this section.

**Check** - Make check payable to the **Path2College 529 Plan or the Georgia Higher Education Savings Plan.**

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 Plan 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 5**

Amount      \$

**Automatic Contribution Plan (ACP)**

Complete **Sections 5 and 6 below** to make regularly scheduled contributions from your bank.

**Rollover**

- To roll over proceeds directly from another 529 plan, submit the Plan'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 5 and 6 below to make regularly scheduled contributions to the Plan from your bank account. Please complete the payroll form available at [www.path2college529.com](http://www.path2college529.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	\$				,				.		
<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 Plan.

## 5 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 preprinted voided check or preprinted deposit slip along with this form. It may take up to ten days to initiate these options.<sup>1</sup>

<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 Custodian's name must appear on the bank account.</i>			
<b>Bank Name:</b>		<b>Bank Telephone Number:</b>	

## 6 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"/> Biweekly	<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.

<sup>1</sup> By providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through the Plan website provided your banking information has been on file for a minimum of 30 days. Please do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

**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

## 7 Systematic Exchange (optional)

You may automatically reallocate funds from one or more investment option(s) to one or more different investment option(s) on a periodic basis on a date selected by you, by completing the section below. For more detailed information about this feature, please see the frequently asked questions located at [www.path2college529.com](http://www.path2college529.com). The systematic exchange will begin upon receipt and acceptance of this account application in good order, on the Exchange Day you select below. If the Exchange Day is a weekend or holiday, the exchange will occur on the next business day. If an exchange frequency of quarterly is selected, the systematic exchanges will occur in March, June, September and December. Semiannual exchanges will take place in June and December. Annual exchanges will take place in December.

### Exchange Frequency

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semiannually	<input type="checkbox"/> Annually
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Source Investment Option	Recipient Investment Option	Dollar Amount

**Exchange Day** (Select date between 1<sup>st</sup> and 31<sup>st</sup>)

Stop Date	
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Establishing, stopping or altering your Systematic Exchange will be considered one of the two account reallocations allowed per year. Systematic exchanges may be stopped or altered by completing a Transfer Among Investment Options Form located online at [www.path2college529.com](http://www.path2college529.com) or by contacting Path2College at 1-877-424-4377.

**8 Signature and Certification** *(The Custodian must sign this section or this Account will not be opened.)*

**By signing below, I am agreeing to the terms and conditions set forth below and in the *Savings Trust 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 Path2College 529 Plan established by the Georgia Higher Education Savings Plan (the "Plan") for the Beneficiary to be named on this application and enter into this *Savings Trust Agreement* (this "Agreement") relating to the Account with the Plan. The Treasurer of the State of Georgia is the Trust Administrator (the "Trust Administrator"). I understand that the Trust Administrator has retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Georgia Higher Education Trust Fund (the "Trust Fund"), the Plan, and the terms applicable to my Account, contained in the Plan Disclosure Booklet and its Savings Trust Agreement (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 Plan 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).
- I certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act (UGMA/UTMA).
- I understand that the Plan may from time to time amend the *Savings Trust 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 *Savings Trust Agreement*.
- If I have enclosed a check for an indirect rollover, I certify that this amount was withdrawn from another Qualified Tuition Program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months.
- If I have provided Banking Information in Section 5, I authorize the *Path2College 529 Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the *Path2College 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.

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*Signature of Custodian*

*Date*

**I will retain a copy of this *Account Application*, the *Disclosure Booklet* and the *Savings Trust Agreement* (contained in the *Disclosure Booklet*) with my records.**

**Mail this form to:**

**Overnight Mail**  
Path2College 529 Plan  
430 W 7<sup>th</sup> Street, Suite 219293  
Kansas City, MO 64105-1407

**Regular Mail**  
Path2College 529 Plan  
P.O. Box 219293  
Kansas City, MO 64121-9293

