



Account Number: \_\_\_\_\_  
(to be assigned by the College Savings Bank)

# College Savings Bank Coverdell ESA Enrollment Form

call, e-mail or log on for assistance:  
1-800-888-2723  
info@collegesavings.com  
http://www.collegesavings.com

**Mail this form and check to:**

College Savings Bank  
PO Box 3769  
Princeton, NJ 08543

**Child/Beneficiary Information**

(child must be under age 18)

Non-Resident Alien     US Citizen or Resident

Child's First Name                      Middle                      Last Name

Street Address

City                                      State                                      Zip Code

Social Security Number

Date of Birth

Home Phone

**Depositor Information (Benefactor)**

Non-Resident Alien     US Citizen or Resident

First Name                              Middle                              Last Name

Street Address

City                                      State                                      Zip Code

Social Security Number                              Date of Birth

E-Mail

Home Phone                              Business Phone

Relationship to Child/Beneficiary

**Responsible Individual**

(must be a Parent or Legal Guardian of the child. (write "same" if the Depositor will also act as the Responsible Individual))

Non-Resident Alien     US Citizen or Resident

First Name                              Middle                              Last Name

Street Address

City                                      State                                      Zip Code

Social Security Number                              Date of Birth

E-Mail

Home Phone                              Business Phone

Relationship to Child/Beneficiary

**Successor Responsible Individual**

(person responsible in the event of death or legal incapacity of the Responsible Individual above)

Non-Resident Alien     US Citizen or Resident

First Name                              Middle                              Last Name

Street Address

City                                      State                                      Zip Code

Social Security Number                              Date of Birth

E-Mail

Home Phone                              Business Phone

Relationship to Child/Beneficiary



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## Choose Your Investments:

(Fund those CDs you would like to invest in and complete the relevant information below.)

### CollegeSure CD

(\$250 minimum initial investment)\*

\*A minimum investment of \$250 is required per CollegeSure CD. However the minimum investment amount may be waived if you enroll in our direct deposit program that withdraws funds automatically from your Bank or Financial Institution monthly. The minimum monthly investment through direct deposit is \$100.

Minimum deposit per maturity year is \$250 and maturity years range from 1 to 22 years. All CollegeSure CDs mature on July 31st. See the Product Disclosure statement for details or call 1-800-888-2723 for additional information.

\$ \_\_\_\_\_  
Initial Investment Amount  
*(complete initial investment option on next page)*

\$ \_\_\_\_\_  
Ongoing Direct Deposit Amount  
*(complete direct deposit option on last page)*

- Apply my deposit to maturity year \_\_\_\_\_ or
- Mature my CollegeSure CDs over 4 years beginning the year my beneficiary enter's college (provided on previous page).

### 3-Year Fixed Rate CD

(\$500 minimum initial investment)\*

\*A minimum investment of \$500 is required to purchase a fixed rate CD. However the minimum investment amount may be waived if you enroll in our direct deposit program that withdraws funds automatically from your Bank or Financial Institution monthly. The minimum monthly investment through direct deposit is \$250.

Investments greater than \$10,000 purchase jumbo CDs with a bonus interest rate. 3-Year fixed rate CDs mature 36 months from the date of issue. See the Product Disclosure Statement for details or call 1-800-888-2723 for additional information.

\$ \_\_\_\_\_  
Initial Investment Amount  
*(complete initial investment option on next page)*

\$ \_\_\_\_\_  
Ongoing Direct Deposit Amount  
*(complete direct deposit option on last page)*

## Signatures

By signing below, I certify that:

I understand the eligibility requirements for this College Savings Bank Coverdell Education Savings Account (ESA) and I state that I do qualify to make the deposit. I have received, read and understand the College Savings Bank ESA Custodial Agreement and Disclosure Statement including the financial disclosure and the Terms and Conditions of the CD Account, and I agree to be bound by those terms of which this application is a part. I assume complete responsibility for determining that I am eligible to contribute to an ESA each year I make a contribution, for insuring that all contributions I make are within the limits set forth by the tax laws. I certify that if I am named Responsible Individual I am qualified to assume the responsibilities of the Responsible Individual as set forth in the ESA Agreement including managing and administering the account and authorizing transactions involving contributions and distributions. I understand that if this is a rollover my contribution will be treated as earnings until College Savings Bank receives appropriate documentation from me.

I hereby certify that the information contained herein is true and complete. I hereby appoint College Savings Bank as Custodian of this Coverdell ESA for the benefit of the Beneficiary named on this form and accept the responsibilities over this account as set forth in the Agreement.

\_\_\_\_\_  
Depositor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Individual's Signature

\_\_\_\_\_  
Date

(Please keep a copy for your records)



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### Initial Investment Options:

College Savings Bank offers several ways to fund your investment. Select all that are appropriate.

### Mail-In Deposit (please do not mail cash or money orders):

Enclosed is a check for \$ \_\_\_\_\_ (total amount of all initial investments indicated on previous page). Mail to:  
(\$2,000 maximum)

**College Savings Bank  
PO Box 3769,  
Princeton, NJ 08543**

- This is a new contribution for tax year: 20 \_\_\_\_\_  This is a 60-day rollover from an existing Coverdell/ESA.

Make Checks Payable to:

**College Savings Bank, Custodian for "Beneficiary's Name" Coverdell ESA**

### Credit Card Deposit:

(credit cards are only accepted on InvestorSure CDs and CollegeSure CDs with maturities greater than 4 years. Please utilize an alternative payment method for all other CDs)

Visa

Credit Card Number \_\_\_\_\_ Verification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Mastercard

Name as it appears on your credit card \_\_\_\_\_

Discover

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

### Other Initial Investment Options:

(check all that apply)

- Transfer of an existing Coverdell/ESA. Please also complete a Transfer Request Form.  
 For Wire Transfers, call 1-800-888-2723 for instructions.

### Instructions

Please provide instructions for this account. (If no boxes are checked, the answer will be deemed "No".)

Yes  No The Responsible Individual may change the beneficiary designated under this agreement to another member of the Designated Beneficiary's family described in Section 529(e)(2) in accordance with the Custodian's procedures.

Yes  No The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary will also serve as the Responsible Individual.

### Important Information About Opening An Account:

Federal law requires financial institutions to obtain certain information from each person who opens an account. That information will be used for identity verification. We will ask for your name, address, date of birth as well as other information. We may also ask for your driver's license or other identifying documents. If we are unable to verify your identity, we may be delayed or unable to open your account.



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## Direct Deposit from your Financial Institution (see below for details):

(complete if applicable)

_____		Checking    Savings
Financial Institution Name	Account Type (circle one)	Account Number
_____		
Transit Routing (ABA) Number (The first 9 digits in the lower left corner of your check/deposit slip)		
_____		
Street Address		
_____		
City	State	Zip Code
_____		_____
Deposit Amount	Start Date	
	(must be the 1st or 20th of the month)	

MUST ATTACH A  
VOIDED CHECK

Authorization Agreement: I authorize College Savings Bank to initiate debit entries to my bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Bank has received written notification from me of its termination in such time and such manner as to afford the Bank reasonable opportunity to act on it.

Authorized Signature (Account owner from where funds are drawn)

Date

You determine how much to deposit and how often you want direct deposits from your account at another financial institution. Funds can be transferred on the 1st or 20th of the month from your financial institution.

### How It Works

- If the designated amount each period is less than the minimum deposit to purchase a CD, those funds are deposited on the schedule you specify into an Accumulator Account (see Product Disclosure Statement for Accumulator Terms and Conditions). Each time the balance in the Accumulator reaches the selected CD minimum or more a CD is purchased.
- If the designated amount each period is greater than the minimum deposit level to purchase a CD, it automatically purchases a CD.

### FDIC Insurance

All deposits at College Savings Bank are governed by the statutes, rules and regulations of the State of New Jersey and the FDIC; the Bank's certificate of incorporation and by-laws; the regulations, rules and practices adopted by the Bank; and general savings bank practices. Each account holder's principal and earned interest held in the same right and capacity are insured by the FDIC up to a maximum aggregate amount of \$250,000. FDIC deposit insurance temporarily increased from \$100,000 to \$250,000 per depositor through December 31, 2013.

### Changing or Discontinuing Deposits

To discontinue or reinstate deposit transfers from another account, or to change the frequency, amount or maturities, submit a direct deposit change form including the signatures of the account College Savings Bank is debiting from within 3 days (e.g. the financial institution). Forms are available by calling 800-888-2723 or online at www.collegesavings.com.

### How to Get Started

Complete the Automatic Direct Deposit section on this Enrollment Form and return it along with a voided check or deposit slip.

## For Authorized Representative Use Only

_____	_____
Name of Authorized Representative	ID #
_____	_____
Firm Name	Telephone
_____	
Street	
_____	
City	State      Zip