

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



College Savings Bank IRA Enrollment Form

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

Mail to:
College Savings Bank
PO Box 3769
Princeton, NJ 08543

Account Type: (choose one)

Traditional IRA
Contributions up to \$5,000 per year, \$6,000 for individuals 50 or older.

Roth IRA
Contributions up to \$5,000 per year, \$6,000 for individuals 50 or older.

Account Owner

Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Street Address

City State Zip Code

Mailing Address (if different)

City State Zip Code

Social Security No. Date of Birth

Home Phone Business Phone

E-Mail

Primary Beneficiary #1

Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Social Security No. Current Grade First Year of College

Date of Birth Relationship Percent of Distribution

Primary Beneficiary #2 if applicable

Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Social Security No.

Date of Birth Relationship Percent of Distribution

Must total 100%

Marital Status

Married
I understand that if I choose a primary beneficiary other than my spouse, my spouse must sign this form below.

Single
I understand that if I marry in the future I must complete a change of beneficiary form.

Contingent Beneficiary #1

(receive distributions only if no primary beneficiaries survive you)

Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Social Security No.

Date of Birth Relationship Percent of Distribution

Contingent Beneficiary #2 if applicable

(receive distributions only if no primary beneficiaries survive you)

Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Social Security No.

Date of Birth Relationship Percent of Distribution

Must total 100%

Signature of Spouse Date

By signing above, as the spouse of the account owner identified above I consent to the beneficiary(ies) designated on this application.



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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).

InvestorSure CD

(\$500 minimum initial investment)*

*A minimum investment of \$500 is required (\$1,000 to assure an InvestorSure CD is purchased on the next CD issue date). 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.

InvestorSure CDs have a 5-year maturity. 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)

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)

1-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. 1-Year fixed rate CDs mature 12 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 this application, I certify that:

- Under penalties of perjury, the Social Security Number set forth on this authorization form is correct.
- I understand the eligibility requirements for the type of IRA I am making and I state that I do qualify to make the deposit.
- I have received and read the CD Terms and Conditions, either the Traditional or Roth IRA Custodial Agreement and Disclosure Statement, and I understand the terms and conditions that apply to this Individual Retirement Account. I agree to be bound to the terms of this IRA of which this application is a part. I understand the IRS penalties that apply to overcontributions and distributions.
- I assume complete responsibility for determining that I am eligible for an IRA each year I make a contribution; insuring that all contributions I make are within the limits set forth by the tax laws; and the tax consequences of any contribution (including rollover contributions) and distributions.
- I consent to the beneficiary(ies) I have designated on this application.
- I hereby adopt the College Savings Bank IRA, appointing College Savings Bank as Custodian.

Check here if you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax return and you have not received a notice from the IRS that such backup withholding has been terminated.

Signature of Applicant

Date



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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:
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 IRA. (money being reinvested should be from the same type of IRA as selected on page 1 (either Roth or Traditional.)

For Traditional IRA make your check(s) payable to:
College Savings Bank, Custodian for "your name" Traditional IRA

For Roth IRA make check(s) payable to:
College Savings Bank, Custodian for "your name" Roth IRA

Other Initial Investment Options:

(check all that apply)

- Transfer of an existing IRA. Please also complete a Transfer Request Form.
 Direct Rollover from an employer sponsored plan. Please also complete a Transfer Request Form.
 For Wire Transfers, call 1-800-888-2723 for instructions.



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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.

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

_____		ID #
Name of Authorized Representative		
_____		Telephone
Firm Name		

Street		

City	State	Zip
_____		_____
E-mail		