



Account Number: _____
(to be assigned by the Arizona Family College Savings Program)

College Savings Bank Enrollment Form

Make checks payable to:
AFCSP, CSB as Manager

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

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

Check if you are an Alumnus or Employee of the University of Arizona

Account Structure:

(Choose one)

- Adult Owns Assets Child Owns Assets (UGMA/UTMA)

Account Owner

(person opening the Account (Settlor))

- 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 Relationship to Child

Home Phone Business Phone

E-Mail

Designated Beneficiary

(who will most likely use the money to fund higher education)

- Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Social Security No.*

Date of Birth Current Grade First Year of College

Street Address () Check if same as account owner

City State Zip Code

*If the Designated Beneficiary does not have a Social Security Number yet, you can still enroll. You have 60 days to furnish the Social Security Number to the Bank.

Write "Applied For" above. If the Bank does not receive the Social Security Number within 60 days, we may be required to return the funds as an early withdrawal or withhold a portion of the distributions.

Joint Account Owner (if applicable)

(only the spouse of the account owner can serve as the joint account owner)

- Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Street Address () Check if same as account owner

City State Zip Code

Mailing Address (if different)

City State Zip Code

Social Security No. Date of Birth Relationship to Child

Home Phone Business Phone

E-Mail

Custodian

(only for UGMA/UTMA accounts where child owns assets with an adult custodian)

- Non-Resident Alien US Citizen or Resident

First Name Middle Initial Last Name

Street Address () Check if same as account owner

City State Zip Code

Mailing Address (if different)

City State Zip Code

Social Security No. Date of Birth Relationship to Child

Home Phone Business Phone

E-Mail



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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.

Maturities must coincide with the beneficiary's anticipated year of college. **The minimum maturity is 1 year, and the maximum is 22 years.** You may select a single maturity year or divide your deposit over multiple years (e.g. freshman, sophomore, junior, senior). Minimum deposit per maturity year is \$250. 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 check or credit card option on next page)

\$ _____
Ongoing Direct Deposit Amount
(complete direct deposit option on next 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. Three 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 check or credit card option on next page)

\$ _____
Ongoing Direct Deposit Amount
(complete direct deposit option on next page)

Signatures

By submitting this agreement, I/we certify that I/we have received, read and understand the AFCSP Disclosure Statement as well as the specific Product Disclosure Statements. I/we offer to participate in the AFCSP, Arizona Commission for Postsecondary Education as Trustee, and hereby establish a participating trust under that Program by adopting the terms and conditions of the Tuition Savings Agreement contained in the AFCSP Disclosure Statement. I/we certify that the funds to be placed in the trust are intended to be used solely to pay higher education expenses of the designated beneficiary. To the best of my/our knowledge, the initial contribution to the account, when added to the value of all section 529 accounts of the designated beneficiary, will not exceed the lesser of the Account Balance Limit or the cost in current dollars of qualified higher education expenses that I/we reasonably anticipate the designated beneficiary will incur. I/we attest that the contribution(s) of all qualified tuition accounts combined for the designated beneficiary will not exceed the limit set forth in the Disclosure Statement and if it should exceed, I/we will promptly withdraw said funds. If this is a rollover I/we understand my/our contribution will be treated as earnings until the AFCSP receives appropriate documentation from me/us. I/we understand this account is not insured by the State of Arizona and neither the principal invested nor the investment return is guaranteed by the State of Arizona. I/we certify, under penalties of perjury that the Taxpayer Identification Number(s) or Social Security Number(s) set forth above are my/our correct number(s) (or I am waiting for a number to be issued). The signature(s) below authorizes that additional CDs can be purchased in the same account title.

Signature of Adult Account Owner Date Signature of Joint Owner (if applicable) Date Signature of Custodian (if applicable) Date

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 check or credit card option on next page)

\$ _____
Ongoing Direct Deposit Amount
(complete direct deposit option on next 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. One 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 check or credit card option on next page)

\$ _____
Ongoing Direct Deposit Amount
(complete direct deposit option on next page)



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Deposit Options:

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

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

Enclosed is a check for \$_____ (total amount of all initial investments indicated on previous page). Make check payable to **AFCSP, CSB as Manager**. Mail to: AFCSP, c/o College Savings Bank, PO Box 3769, Princeton, NJ 08543

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)

<input type="checkbox"/> Visa	_____	_____	_____
	Credit Card Number	Verification Number	Expiration Date
<input type="checkbox"/> Mastercard	_____		
	Name as it appears on your credit card		
<input type="checkbox"/> Discover	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip Code

Authorized Signature

Date

Direct Deposit from your Financial Institution (see reverse 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 the Arizona Family College Savings Program (AFCSP), Arizona Commission for Postsecondary Education as Trustee, 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 AFCSP has received written notification from me of its termination in such time and such manner as to afford the AFCSP reasonable opportunity to act on it.

Authorized Signature (Account Owner from where funds are drawn)

Date

Other Deposit Methods:

(check all that apply)

- For Wire Transfers, check here and call 1-800-888-2723 for instructions.
- For Rollovers from another 529 Plan, Coverdell ESA or qualified U.S. Savings Bonds, check here and see Rollover Instructions on Reverse.
- Payroll direct deposit, check here and call 1-800-888-2723 or log onto <http://arizona.collegesavings.com> to download the payroll direct deposit form.



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Automatic Direct Deposit From a Financial Institution

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. On October 3, 2008, 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 <http://arizona.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.

Rollover Contribution Instructions

If your funds are currently at another institution's 529 Plan or Coverdell ESA, you may have those funds directly rolled over from that institution to the Arizona Family College Savings Program Account. To do so:

- 1) Please complete this form, including the Mail-In Deposit section, along with a Direct Rollover Form available by calling 800-888-2723 or online at <http://arizona.collegesavings.com>.
- 2) Mail this form along with the Direct Rollover Form to the AFCSP c/o College Savings Bank.

If you have already withdrawn your funds from your former 529 plan or Coverdell ESA you may rollover those funds to the AFCSP by following these instructions:

- 529 Plans: Within 60 days of your withdrawal, if you have not had any other rollovers in the past twelve months, mail your funds along with a completed enrollment form, including the Mail-In Deposit section, to the AFCSP. In addition, mail a distribution statement from the other 529 program or equivalent that shows the basis and earnings portions of your distribution.
- Coverdell ESAs: Mail your funds along with a completed enrollment form, including the Mail-In Deposit section, to the AFCSP. In addition, mail a distribution statement or equivalent, issued by the financial institution that acted as trustee or custodian of the account, that shows the basis and earnings.

To Initiate a Rollover of Qualified U.S. Savings Bonds

If your contribution is a rollover from a redemption of qualified U.S. savings bonds issued after 1989, please visit www.irs.gov for current income limitations. IRS restrictions apply.

For Authorized Representative Use Only

Name of Authorized Representative ID #

Firm Name Telephone

Street

City State Zip