



# Pennsylvania 529 Investment Plan Enrollment Application

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.** We are required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- Complete this form to establish an account, or open an account at [www.PA529.com](http://www.PA529.com).
- Your initial investment, including contributions by check, transfer, or rollover, must total at least \$25.
- Print clearly, preferably in capital letters and black ink.

To order any form—or get assistance in filling out this one—call us at **1-800-440-4000**. Return this form and any other required documents to: **Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

## 1. Account Type

Select one of the account types below. If you do not select an account type, we will open an individual account for you.

**Individual account.**

**UGMA/UTMA account.** I am opening this account with assets liquidated from an UGMA/UTMA custodial account. *I understand that this may be a taxable event.*

 

*Indicate the state (please abbreviate) under the laws of which the UGMA/UTMA custodial account was opened.*

**Trust account.** I am opening this account under an existing trust. *(You must include copies of the first and last pages of the trust agreement—sometimes called the “execution pages”—containing the name of the trust, the date of the trust, and the names and signatures of the trustees.)*

**REMEMBER TO SIGN IN SECTION 11.**



**2. Account Owner Information** *(This individual or trust owns and controls the account. The individual must be at least 18 years old.)*

**Name of Individual or Custodian** *(first, middle initial, last), or Trust*

Social Security Number or Other Taxpayer ID Number

Birth Date/Trust Date *(month, day, year)*

**Citizenship** *(If not a U.S. citizen, please indicate country of citizenship.):*



Daytime Telephone Number

Evening Telephone Number

E-mail Address

Permanent Street Address or APO/FPO *(A P.O. box is **not** acceptable.)*

City

State

Zip

Account Mailing Address if Different From Above *(used both as the account's address of record and for all account mailings)*

City

State

Zip

**3. Beneficiary Information** *(This individual is the future student.)*

You may select only one beneficiary per account.

**Name** *(first, middle initial, last)*

Social Security Number or Individual Taxpayer ID Number

Birth Date *(month, day, year)*

**Citizenship** *(If not a U.S. citizen, please indicate country of citizenship.):*

**4. Successor Owner Information** *(optional) (This individual will take control of your account in the event of your death or incapacity.)*

- You may revoke or change the Successor Owner at any time. Refer to the PA 529 Investment Plan Disclosure Statement (Disclosure Statement) for more information.
- You can have only one Successor Owner per account, and he or she must be a U.S. citizen or resident alien and must be at least 18 years of age.

**Name** *(first, middle initial, last)*

Birth Date *(month, day, year)*

## 5. Investment Selection

- You can invest your contributions in the PA 529 Investment Plan’s age-based options, individual portfolios, or a combination of these. Refer to the Disclosure Statement for more information.
- You may **choose up to five** of the investments listed below.
- You must **allocate at least 5%** of your contributions to each investment you choose, using whole percentages only.
- Your investment percentages must total 100%.

### Age-Based Options:

Aggressive Age-Based Option

%

Moderate Age-Based Option

%

Conservative Age-Based Option

%

### Individual Portfolios

#### Stock Portfolios:

Aggressive Growth Portfolio

%

Total International Stock Index Portfolio

%

Total Stock Market Index Portfolio

%

Social Index Portfolio

%

#### Balanced Portfolios:

Growth Portfolio

%

Moderate Growth Portfolio

%

Conservative Growth Portfolio

%

Income Portfolio

%

#### Bond Portfolios:

Conservative Income Portfolio

%

Total Bond Market Index Portfolio

%

Total International Bond Index Portfolio

%

#### Short-Term Investments Portfolio:

Interest Accumulation Portfolio

%

Short-Term Inflation Protected Securities Index Portfolio

%

**TOTAL**    %

### Please remember to:

- Choose no more than five investments for your account.
- Allocate at least 5% to each investment you choose.
- Use whole percentages.

## 6. Initial Contribution

- The minimum initial contribution is \$25 (\$15 if contributing by payroll deduction).
- If you send one check that combines contributions from more than one source (for example, a \$5,000 check that includes \$2,500 from your bank account and \$2,500 from an education savings account), mark each contribution source in the appropriate box below and indicate the amount to be attributed to each.
- Contributions and rollovers by check will not be available for withdrawal for seven business days. Contributions by electronic bank transfer will not be available for withdrawal for five business days.

### Source of Funds (Check all that apply.)

- A.  **Personal check.** Make your check payable to *PA 529 Investment Plan*. The PA 529 Investment Plan will not accept contributions made by starter check, bank courtesy check, instant loan check, credit card check, traveler's check, foreign check not in U.S. dollars, checks dated over 180 days in the past, post-dated checks, third-party checks greater than \$10,000, checks with unclear instructions, or any other check the PA 529 Investment Plan deems unacceptable.

\$    ,    .

Amount

- B.  **Electronic bank transfer (EBT).** To set this up, you must provide bank information in **Section 8**.

\$    ,    .

Amount

This amount will be your one-time EBT contribution to open your account.

- C.  **Direct rollover from another qualified 529 plan.** Complete and attach an Incoming Rollover Form, which is available online at [www.PA529.com](http://www.PA529.com) or by calling **1-800-440-4000**. Rollovers between 529 plans for the benefit of the same beneficiary are limited to one every 12 months.

\$    ,    .

Amount (estimated)

- D.  **Indirect rollover from another qualified 529 plan, an education savings account (ESA), or a qualified U.S. savings bond.**

- **Indirect rollover from another qualified 529 plan or an ESA.** Enclose documentation from the distributing financial institution detailing a breakdown of contributions and earnings.

- **Indirect rollover from a qualified U.S. savings bond.** Attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption.

**If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you make a nonqualified withdrawal from your PA 529 Investment Plan account.**

\$    ,    .

Contributions

\$    ,    .

Earnings

- E.  **Payroll deduction.** If you want to make contributions to your PA 529 Investment Plan account directly as a payroll deduction, you must contact your employer's payroll office to verify that you can participate. Payroll deduction contributions will not be made to your PA 529 Investment Plan account until you have received a payroll deduction confirmation from the PA 529 Investment Plan, provided your signature and Social Security number or other taxpayer ID number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established on other PA 529 Investment Plan accounts.

\$    ,    .

Amount of Deduction Each Pay Period (\$15 minimum)

## 7. Subsequent Contributions *(optional)*

**Important:** These options can be established only on accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through nonbank financial companies cannot be used.

Contributions by automatic investment plan or EBT will not be available for withdrawal for ten calendar days.

A.  **Automatic investment plan (AIP).** Have a set amount electronically transferred from your bank account to your PA 529 Investment Plan account on a schedule.

- You may establish this service or change the debit amount and frequency at any time by visiting our website or calling us.
- Your PA 529 Investment Plan account will be credited one business day before the withdrawal from your bank account.
- To set this up, you must provide your bank information in **Section 8**.

**Amount of Debit** (\$25 minimum): \$       .

**Frequency** (Check one.):  Monthly  Quarterly

**Start Date:**    -    -

Date (month, day, year)

Your bank account will be debited on the 20th of any month, unless you pick a different date. Your bank account will be debited (money will be withdrawn) on the date you select, and your investment will be credited (money will be added) to your PA 529 Investment Plan account on the *previous business day*. **Note:** AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

B.  **Electronic bank transfer (EBT).** Allows you to make one-time or periodic transfers of \$25 or more from your bank account to your PA 529 Investment Plan account by phone or online.

- The number of days the transfer takes depends on the timing of your request. If you request an EBT by 10 p.m., Eastern time, on a business day, you will receive a trade date of the next business day.
- To set this up, you must provide your bank information in **Section 8**.

C.  **Payroll deduction.** If you want to make contributions to your PA 529 Investment Plan account directly as a payroll deduction, you must contact your employer's payroll office to verify that you can participate. Payroll deduction contributions will not be made to your PA 529 Investment Plan account until you have received a payroll deduction confirmation from the PA 529 Investment Plan, provided your signature and Social Security number or other taxpayer ID number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established on other PA 529 Investment Plan accounts.

\$       .

Amount of Deduction Each Pay Period (\$15 minimum)

**8. Bank Information** *(required to establish the AIP or EBT option)*

**Important:** Please check the box to confirm that your Automated Clearing House (ACH) transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

**Important:** The AIP option can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the ACH network. Money market mutual funds and cash management accounts offered through nonbank financial companies cannot be used.

**Name of Bank Account Owner** *(first, middle initial, last)*

Bank Name

Bank Routing Number

Bank Account Number

**Account Type:**    
*(Check one.)* Checking Savings

**Note:** The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

You must obtain a signature guarantee for the bank account owner if the bank account owner in this section and the 529 account owner in **Section 2** are not the same. A signature guarantee is not necessary if the bank account is a joint account and the 529 account owner in **Section 2** is one of the owners of the joint account.

**Signature—BANK ACCOUNT OWNER MUST SIGN IF DIFFERENT FROM 529 ACCOUNT OWNER**

**Do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. Please note that the PA 529 Account Owner will have access to the bank account information entered above.**

**S I G N A T U R E**

Signature of Bank Account Owner

-   -

Date *(month, day, year)*

**Signature Guarantee**

Signature of Guarantor

Title/Name of Institution

-   -

Date *(month, day, year)*

**Authorized Officer to Place Stamp Here**

**9. SAGE Scholars** *(optional)*

You may opt to participate, at no cost, in the SAGE Scholars Tuition Rewards Program, through which you can earn tuition discounts at colleges that participate in SAGE. The discount earned is 2.5% of the value of your Investment Plan Account. Each SAGE participating school determines the maximum discount that it will honor, which is currently between \$10,500 and \$53,505 *(spread evenly over four years of college.)*

Your beneficiary may be enrolled in the SAGE Scholars Program until he or she is 16 years old.

By enrolling, you will receive \$500 in SAGE Tuition Rewards discounts. Visit **www.sagescholars.com** to learn more.

Before you can use earned Tuition Rewards you must register at **www.tuitionrewards.com**.

I wish to enroll in the SAGE Scholars Program.

**10. Authorized Agent** (optional) (This individual will be able to obtain information about your account(s), and receive duplicate account statements from the Pennsylvania 529 Investment Plan.)

- If you wish to allow greater access, including such things as making changes to the account and authorizing withdrawals (authorized agents, Levels 2-4), you must complete a Limited Power of Attorney/Agent Authorization form or Power of Attorney form, available at PA529.com.

**Note:** If your agent is a corporation or other entity, the entity must also complete and submit a Pennsylvania College Savings Program—529 Investment Plan Organization Resolution Form.

Name of Agent (Individual, corporation, or other entity)

Social Security Number or Individual Taxpayer Identification Number (EIN if it is an organization)

Address

City

State

Zip

Best Daytime Contact Number

Additional Contact Number (Optional)

Relationship to Account Owner:  Spouse  Advisor

Other. If other provide relationship:

**11. Additional Information** (optional)

How did you hear about the PA 529 Investment Plan? (Check one.)

- |   |   |
|---|---|
| <input type="checkbox"/> Direct mail        | <input type="checkbox"/> Newspaper/magazine article |
| <input type="checkbox"/> E-mail             | <input type="checkbox"/> Online ad                  |
| <input type="checkbox"/> Employer           | <input type="checkbox"/> Radio ad                   |
| <input type="checkbox"/> Event              | <input type="checkbox"/> TV                         |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Upromise website           |
| <input type="checkbox"/> Magazine ad        |   |

## 12. Authorization—YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in the PA 529 Investment Plan. I certify that:

- I have received the PA 529 Investment Plan Disclosure Statement and Participation Agreement. I understand that by signing this Enrollment Application, I am also signing and agreeing to be bound by the terms and conditions of the Disclosure Statement and Participation Agreement. I understand that this Enrollment Application shall be construed, governed, and interpreted in accordance with the laws of the Commonwealth of Pennsylvania.
- Except as set forth below, I understand that the Disclosure Statement and Participation Agreement constitutes the entire agreement between the account owner and the PA 529 Investment Plan. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my account or changing my beneficiary to an ineligible person. (Account owners should seek advice from a qualified tax advisor.)
- I understand that contributions to the PA 529 Investment Plan are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation; The Vanguard Group, Inc.; Ascensus College Savings Recordkeeping Services LLC., or their affiliates; the Commonwealth of Pennsylvania; or any other government or government agency. I understand that contributions will be invested under the direction of the Treasurer of State and there is no assurance that the accounts under the PA 529 Investment Plan will generate any specific rate of return; in fact, there is no assurance that the accounts will not decrease in value.
- If I have chosen the AIP or EBT option, I authorize the Investment Plan and Ascensus College Savings Recordkeeping Services, LLC, upon telephone or online request, to pay amounts representing redemptions made by me, or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 8**. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the Investment Plan; Ascensus College Savings Recordkeeping Services, LLC; The Vanguard Group, Inc.; and their respective affiliates, will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Investment Plan; Ascensus College Savings Recordkeeping Services, LLC; and the bank, and that the termination request will be effective as soon as the PA 529 Investment Plan and Ascensus College Savings Recordkeeping Services, LLC, have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me.
- If I have indicated that I wish to enroll in the SAGE Scholars Tuition Rewards Program by completing **Section 9** and submitting this enrollment form, I am authorizing and directing the PA 529 Investment Plan to provide SAGE Scholars, Inc., with my name, address, and Social Security number and my beneficiary's name, address, and Social Security number, as well as my e-mail address and information on the amount of SAGE Scholars Tuition Rewards discounts to which I am entitled. SAGE Scholars, Inc., will use this information to administer the SAGE Scholars Tuition Rewards Program and may provide my information to SAGE Scholars member schools so that they may contact me or my beneficiary.
- I agree to the terms of the predispute arbitration clause as described in the **Arbitration** section of the Disclosure Statement.
- I certify that the information provided on this form is true and accurate and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the PA 529 Investment Plan.

▶ SIGNATURE

Signature of Account Owner

□□-□□-□□□□

Date (month, day, year)

### A valuable opportunity to supplement your college savings



Add to your college savings with the voluntary Upromise® service. Earn college savings from your everyday eligible purchases like online shopping, dining out, traveling, and more. This service costs nothing to join and when you link your Upromise and Pennsylvania 529 Investments Plan Accounts, your earnings will be automatically transferred on a periodic basis (\$25 minimum). Millions of families around the country already take advantage of Upromise; join them!\*

Here's how to become a member of the Upromise service. After we've received your completed Enrollment Form, we'll send you a welcome letter that includes your Account number. Using this information, simply visit [www.PA529.com](http://www.PA529.com) to register for Web access to your Account, then follow the online instructions to join Upromise. It's that easy.

Already a Upromise member? Log in to your account and link it with your new Pennsylvania 529 Investment Plan Account number.

\*Upromise is an optional service offered by Upromise, Inc., is separate from the Pennsylvania 529 Investment Plan and is not affiliated with the State of Pennsylvania. Transfers from Upromise to a Pennsylvania 529 Investment Plan Account subject to a \$25 minimum. Terms and conditions apply to the Upromise service. Participating companies, contribution levels and terms and conditions are subject to change at any time without notice. Go to [Upromise.com](http://Upromise.com) to learn more.

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