



Pennsylvania 529 Guaranteed Savings Plan

Enrollment Form

- Please complete this form if you would like to establish a new Pennsylvania 529 Guaranteed Savings Plan (GSP) Account.
- GSP Accounts are limited to Account Owners and/or Beneficiaries who are residents of Pennsylvania.
- For additional information, call toll free 1.800.440.4000.

Send this completed form to:

Pennsylvania 529 Guaranteed Savings Plan
P.O. Box 55463
Boston, MA 02205-8114

For overnight delivery or registered mail, send the completed form to:

Pennsylvania 529 Guaranteed Savings Plan
95 Wells Avenue, Suite 155
Newton, MA 02459



Please fill out Section 1a or 1b, then proceed to all subsequent sections.

1a. Individual Account Owner (including UGMA/UTMA Custodian)

The Individual Account Owner opens and controls the Account. Before investing, please carefully read all instructions, terms and conditions outlined in your GSP Disclosure Statement and GSP Participation Agreement included in the GSP Disclosure Statement received with this application. **Print clearly in blue or black ink.**

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

— —

Social Security Number or Taxpayer Identification Number

— —

Birth Date (mm-dd-yyyy)

— —

Daytime Telephone Number

— —

Evening Telephone Number

Address

City

State

—

Zip Code

Email Address

PA Resident (select one):

Yes, County of Residence is No

1b. Trust, Corporate or other Business Entity Account Owner*

Name of Trust/Corporation/Business Entity

Name of Trustee / Authorized Party

Name of Co-Trustee (if applicable)

— —

Taxpayer Identification Number

— —

Date of Trust (mm-dd-yyyy)

— —

Daytime Telephone Number

— —

Evening Telephone Number

Address

City

State

—

Zip Code

Is there a Trustee, Office, or Place of Business in Pennsylvania?

Yes, County is No

* Please enclose Trust Documents, Articles of Incorporation, or other documentation verifying the authority of the designated person to act on behalf of the entity.

2. Beneficiary Information

The Beneficiary is the person whose education expenses may be paid from the Account.

Name of Beneficiary (first, middle initial, last)

Social Security Number or Taxpayer Identification Number

Birth Date (mm-dd-yyyy)

Address

City

State

Zip Code

Telephone Number

Email Address

PA Resident (select one):

 Yes, County of Residence is No

Relationship to Account Owner (select one):

 Child Grandchild Other (Specify)

Projected Date of College Enrollment (mm-dd-yyyy)

If you do not specify the Beneficiary's projected date of College Enrollment, the GSP will deem the Projected Date of College Enrollment to be the August immediately after the date the Beneficiary reaches 18 years of age.

3. Tuition and Residency Levels

For an explanation of Tuition Levels, see the GSP Disclosure Statement. If you do not specify a Tuition Level, the State System of Higher Education Average Tuition Level, State Resident Rate will be designated. You may change your designated Tuition Level at any time. Please note that if your Beneficiary attends a Pennsylvania publicly funded school, the program will pay at the actual tuition rate for that school. All private or out-of-state schools will pay at the average rate for your Tuition Level.

 State-Related University Average (Institution Code 12999) State Resident Rate Out-of-State Rate

 State System of Higher Education Average (Institution Code 11999) State Resident Rate Out-of-State Rate

 Community College Average (Institution Code 14999) In-District Rate Out-of-State Rate

 Ivy League School Average (Institution Code 21999)

 Private Four-Year College Average (Institution Code 22999)

 Specific School (You must specify the school for this election. Please see the GSP Credit Rate Schedule for the complete list of available schools. If you do not specify the school, the State System of Higher Education Average Tuition Level, State Resident Rate will automatically be used.)

If selecting a specific school you must provide the following:

Name of School

Institution Code

 State Resident/In-District Rate Out-of-District (Community College) Non-Resident

4. Successor Owner (optional)

You may designate a Successor Owner who will become the owner of the Account in the event of the Account Owner's death or incapacity. A Successor Owner must be at least 18 years of age. You may revoke or change your Successor Owner at any time. See the GSP Disclosure Statement for more information. The validity of your designation may depend on applicable state law.

Name of Successor Owner (first, middle initial, last)

 - -

Social Security Number or Taxpayer Identification Number

 - -

Birth Date (mm-dd-yyyy)

Address

City

State

 -

Zip Code

 - -

Daytime Telephone Number

 - -

Evening Telephone Number

PA Resident (select one):

 Yes, County of Residence is No

Email Address

Note: You may designate a Successor Owner at a later date by submitting a Services for Your Account Form.

5. 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 GSP Account if used for higher education expenses. 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 is eligible to enroll in the SAGE Scholars Program until he or she is 16 years old.

By enrolling you will receive \$500 in SAGE Scholars Tuition Rewards discounts. Visit www.tuitionrewards.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

9. Authorized Agent (optional)

You may designate an authorized agent (Level 1) who may obtain information about your account(s), and have access to account statements from the GSP.

- 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 GSP 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 Code

Best Daytime Contact Number

Additional Contact Number (*Optional*)

Relationship to Account Owner (*select one*):

 Spouse Advisor Other (Specify)

10. Certifications

A. By signing this application, I represent that (*check all that apply*):

- (I) I am a resident of the Commonwealth of Pennsylvania, and/or
- (II) the Beneficiary I have designated is a resident of the Commonwealth of Pennsylvania, as defined in the GSP Disclosure Statement.

B. I represent that I have read and understood the GSP Disclosure Statement and the GSP Participation Agreement included in such Disclosure Statement. I also agree that my GSP Account is subject to the terms and conditions set forth in in the GSP Disclosure Statement and GSP Participation Agreement, as may be amended, and agree to be bound by those terms and conditions. I also agree that my GSP Account is subject to all statutory, administrative, and operating procedures as may be amended.

C. If I have designated a Successor Owner, by completing, signing and submitting the Enrollment Form, I am agreeing that to the extent permitted by law, the named Successor Owner will become the Account Owner in the event of my death or incapacity, that the named Successor Owner meets all the requirements for being a Successor Owner as specified in the GSP Disclosure Statement. I certify that I have not received any payment or other value for naming the Successor Owner.

D. If I have designated an authorized agent in **Section 9** of the Enrollment Form, I agree and acknowledge that the Commonwealth of Pennsylvania, the GSP, Upromise Investment Advisors, LLC and its affiliates, are not responsible for misuse of information about my account provided to the named authorized agent.

E. If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing **Section 5** and submitting this Enrollment Form, I am authorizing and directing the GSP to provide SAGE Scholars, Inc. with my name, address and Social Security number, 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.

F. If I have chosen the AIP option, I authorize the GSP and Upromise Investment Advisors, LLC 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 GSP, Upromise Investment Advisors, LLC, Inc. and its 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 GSP, Upromise Investment Advisors, LLC and the bank, and that the termination request will be effective as soon as the GSP and Upromise Investment Advisors, 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.

- G.** I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my GSP Account. Account Owners should seek advice from a qualified tax advisor.
- H.** I understand that the guarantee of the GSP is an obligation only of the GSP Fund itself. I further understand that the contributions to my GSP Account are not insured and the payment obligations are not guaranteed by the Commonwealth of Pennsylvania, the Federal Deposit Insurance Corporation, or any other government or governmental agency.
- I.** By signing and submitting this Enrollment Form, I certify that the information provided on the form is true and correct, subject to the penalties of 18 PA. C.S. Section 4904, relating to unsworn falsification to authorities and acknowledge that any material misrepresentations may void the GSP Contract resulting in my being refunded only the amount I have contributed (*excluding fees*) and forfeiting all growth.

Account Owner must sign below:

▶

Signature of Account Owner, Trustee, Custodian or Authorized Signer of Corporation or other Entity

- -

Date (mm/dd/yyyy)

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 Guaranteed Savings 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** 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 Guaranteed Savings Plan Account number.

*Upromise is an optional service offered by Upromise, Inc., is separate from the Pennsylvania 529 Guaranteed Savings Plan and is not affiliated with the State of Pennsylvania. Transfers from Upromise to a Pennsylvania 529 Guaranteed Savings 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** to learn more.

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