



Trust/Entity Application

Complete this form and return to:
CollegeAdvantage 529 Savings Plan
P.O. Box 932348
Cleveland, OH 44193

Instructions:

Use this form to establish a trust or entity account in the CollegeAdvantage 529 Savings Plan. You cannot use this form to change the existing Account Owner or Beneficiary. Please print clearly in blue or black ink. You will need:

- Taxpayer Identification number for the trust or entity.
- Social Security numbers for the Trustee, Beneficiary and Successor Trustee.
- Date of birth of the Beneficiary.
- Copies of the first and last pages of the trust.
- Investment options selected for the initial contribution.
- **SIGNATURE REQUIRED** on last page.

1 Account Owner (trust or entity) information

Name of trust or entity

____ - ____ - _____ ____ - ____ - _____

Trust or entity Taxpayer Identification Number Date of trust (mm/dd/yyyy)

2 Trustee information

The individual listed below directs all Beneficiary designations, withdrawals, and transactions, and receives statements for the account. Please include copies of the first and last pages of the trust—sometimes called the “execution pages”—containing the name of the trust, the date of the trust, and the signature(s) of the trustee(s). Only one individual may be named below, and this individual must be listed on the execution pages of the trust as a trustee.

_____ _____ _____

Trustee's first name M.I. Last name

____ - ____ - _____ ____ - ____ - _____ _____

Trustee's Social Security number Trustee's date of birth (mm/dd/yyyy) Trustee's Relationship to Beneficiary (if applicable)

Trustee's mailing address

Trustee's mailing address (including apartment or box number)

_____ _____ _____ - _____

City State ZIP code

Email

(_____) _____ - _____ (_____) _____ - _____

Home phone/Cell phone Work phone

Trustee must include residential address (no P.O. boxes)

Check here if residential address is same as mailing address and go to the next page.

Trustee's residential address (including apartment number, if applicable)

_____ _____ _____ - _____

City State ZIP code

Trustee identity verification

To help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Trustee's driver's license or state-issued I.D. card number (7-15 digits) State Expiration date (mm/dd/yyyy)

Is this a driver's license or state-issued I.D. card? Please check one: Driver's license I.D. card

Trustee's mother's maiden name

Are you a non-U.S. person with more than \$500,000 invested in CollegeAdvantage? No Yes

Are you a Senior Foreign Official of a government branch, military branch, political party, foreign government-owned company, or a close personal or professional associate of one of these persons? No Yes

3

Beneficiary information

The Beneficiary is the person whose qualified higher education expenses may be paid from the account.

Beneficiary's first name M.I. Last name

Beneficiary's Social Security number Beneficiary's date of birth (mm/dd/yyyy)

Check here if child is a newborn or newly adopted and does not yet have a Social Security number. (Must obtain and provide number within 120 days.)

Check here if Beneficiary's mailing address is same as Trustee's mailing address and skip to Section 4. If Beneficiary's mailing address is different, complete below.

Beneficiary's mailing address (including apartment or box number)

City State ZIP code

4

Initial contribution

You may contribute to one or more CollegeAdvantage Investment Options. The minimum initial contribution is \$25, unless you are selecting a Fifth Third 529 Certificate of Deposit—**CDs require a \$500 minimum contribution**. Please indicate below how you would like your initial contribution to be allocated among investment options.

CollegeAdvantage Investment Options	Code	Amount
AGE-BASED OPTIONS		
The Advantage Age-Based Option	AABO	\$
Vanguard Conservative Age-Based Option	VCAB	\$
Vanguard Moderate Age-Based Option	VMAB	\$
Vanguard Aggressive Age-Based Option	VAAB	\$
BALANCED OPTIONS (MIX OF STOCKS AND BONDS)		
Vanguard Conservative Growth Index Portfolio	VCGP	\$
Vanguard Moderate Growth Index Portfolio	VMGP	\$
Vanguard Wellington Option	VWLO	\$
Vanguard Growth Index Portfolio	VGIP	\$
BANK OPTIONS (100% CASH)		
Fifth Third 529 Savings Account	FTSAV	\$
Fifth Third 529 Certificate of Deposit (CDs require a \$500 minimum contribution) CD terms are available between 3 months and 144 months (12 years). Please enter the letters "CD" followed by the desired term of the CD (number of months). Example: the code for a 5-year CD (60 months) is CD060.	CD <input type="text"/> <input type="text"/> <input type="text"/>	\$
CAPITAL PRESERVATION (CASH) AND FIXED INCOME (BOND) OPTIONS		
Vanguard Prime Money Market Option	VPMM	\$
Vanguard Inflation-Protected Bond Option	VIPB	\$
Vanguard Income Portfolio	VINC	\$
PIMCO Total Return Option	PTRO	\$
PIMCO High Yield Option	PHYO	\$
EQUITY OPTIONS (100% STOCKS)		
Vanguard Aggressive Growth Index Portfolio	VAGP	\$
Vanguard 500 Index Option	V500	\$
Vanguard Windsor II Option	VWII	\$
Vanguard Morgan Growth Option	VMNG	\$
Vanguard Extended Market Index Option	VEMI	\$
Oppenheimer Main Street Small- & Mid-Cap Option	OMSS	\$
Vanguard Developed Markets International Stock Index Option	VDIM	\$
GE Institutional International Equity Option	GEIO	\$
	TOTAL	\$

Please indicate how you will make your initial contribution:

- Check enclosed.** I have enclosed a check for my initial contribution. (Payable to the **Ohio Tuition Trust Authority**.)
- One-time debit.** I am providing banking information below for an immediate debit from my bank account for my initial contribution.
- UTMA/UGMA proceeds.** I am funding this account with proceeds from the sale of assets held in an UTMA/UGMA custodial account.
- Indirect rollover from another 529 Plan.** I am funding this account from a rollover from another state's 529 Plan, Coverdell ESA or U.S. Savings Bond (complete Section 6).

Bank information

I would like the contribution to come from my (if no option is selected, we will default to checking account):

- Checking account
- Savings account (call your bank to obtain savings account routing number)

Routing number (first set of 9 numbers at the bottom left corner of your check)

Account number (second set of numbers at the bottom of your check)

5 Future contributions

Once the account is established, you can choose to make contributions in a variety of ways:

- **Recurring Electronic Funds Transfer (EFT).** [Sign up below](#) for automatic transfers from your bank account (checking or savings) to your CollegeAdvantage account.
- **Payroll deduction.** If your employer participates, you can [sign up below](#) to have money withdrawn from your paycheck to make regular CollegeAdvantage contributions.
- **Online.** Do a one-time debit from your bank account (checking or savings) to your CollegeAdvantage account at any time at www.collegeadvantage.com.
- **A check with contribution slip.** Contribution slips will be mailed to you in your CollegeAdvantage Welcome Kit. A contribution slip must accompany any check sent to the Ohio Tuition Trust Authority on behalf of your Beneficiary, such as gifts from relatives, as we must have investment instructions in order to allocate the contribution to the correct investment option.

5a. Recurring electronic funds transfer (EFT)

You can establish up to two recurring EFT contributions per month to your CollegeAdvantage account from your bank account on days 1-28 using this form. If no option is selected, we will default to one monthly transaction on the 15th. Recurring EFT is not available for Fifth Third 529 Certificates of Deposit. The minimum EFT contribution is \$25. If you wish to establish more than two EFTs per month, you can do so online once your account is established.

After receipt and processing of this form, your EFT will begin on the calendar date entered below. Please be aware this could occur immediately, or take as long as 30 days depending on the date(s) selected. Be sure your bank account has funds available for the transfer when you mail in this form.

- I would like my EFT to occur once per month on the day of the month. (1-28)
- I would like my EFT to occur twice per month on the day and the day of the month. (1-28)

Investment Option selection

Investment Option code	1st Transfer (minimum \$25)	Investment Option code	2nd Transfer (minimum \$25)
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	<input type="text"/>	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>
TOTAL	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>	TOTAL	\$ <input type="text"/> , <input type="text"/> . <input type="text"/>

Bank information

- Check here if the recurring EFT banking information is the same as your initial one-time debit banking information in Section 3 and go to next section.

New bank information: I would like the contributions to come from my checking or savings account, as indicated below. (If no option is selected, we will default to checking account.)

- Checking account Savings account (contact your bank to obtain savings account routing number)

Routing number (first set of 9 numbers at the bottom left corner of your check)

Account number (second set of numbers at the bottom of your check)

5b. Payroll deduction

You can make contributions to your CollegeAdvantage account through payroll deduction **if your employer participates in the program.** (Please note, payroll deduction is not available for Fifth Third 529 Certificates of Deposit.) Please allow up to four weeks after receipt of this form for the initial deduction to occur.

Employer information

Company Identification number*
(See your employer for this number)

Company name

CO - _____

Investment Option selection

*Required-Payroll deductions cannot be processed without this number

Investment Option code Contribution per paycheck (minimum \$25)

_____ \$ _____,_____._____

_____ \$ _____,_____._____

_____ \$ _____,_____._____

_____ \$ _____,_____._____

TOTAL \$ _____,_____._____

6 Successor Trustee information

The Successor Trustee will automatically become the Trustee upon the death, incompetence, or permanent disability of the original Trustee. The Successor Trustee must be a different person than the original Trustee, and must be an adult, age 18 or older. The Successor Trustee cannot be the trust.

Successor Trustee's first name M.I. Last name

_____-_____-_____
Successor Trustee's Social Security number

Check here if Successor Trustee's mailing address is same as original Trustee and skip to next section.
If Successor Trustee's mailing address is different, complete below.

Successor Trustee's mailing address (including apartment or box number)

City State ZIP code

7 Rollover information (if applicable)

If your account is being funded from another state's 529 Plan, a Coverdell Education Savings Account (ESA) or qualified U.S. Savings Bond, please include check from other organization and attach documentation* showing the principal and earnings portions of the rollover contribution. If no documentation is attached, CollegeAdvantage must treat the entire amount of the rollover contribution as earnings. Please note, you must include the distribution check with this application to establish a CollegeAdvantage account. CollegeAdvantage will not solicit funds or documentation from the distributing entity. Complete Section 3 to indicate how you want the total amount of the check allocated among CollegeAdvantage investment options.

This CollegeAdvantage account is being funded from a rollover contribution. See attached documentation and proceeds check.

Another state's 529 Plan Coverdell ESA U.S. Savings Bond

Dollar amount attributable to **contributions** Dollar amount attributable to **earnings**

\$ _____,_____._____

\$ _____,_____._____

*Documentation requirements: **From another state's 529 Plan** statement issued by the distributing 529 Plan that shows the earnings portion of the distribution. **From a Coverdell ESA** account statement issued by the financial institution that acted as trustee or custodian of the education savings account that shows basis and earnings in the account. **From the redemption of qualified U.S. Savings Bonds** [under Section 135 (c)(2)(C) of the Internal Revenue Code]-an account statement or Form 1099-INT issued by the financial institution that redeemed the bonds showing the interest portion from the redemption of the bonds.

Signature required ➔

8 Account certification and authorization

We must have your signature to process your Application and to certify your Taxpayer Identification number, which is located in Section 1. By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT DATED APRIL 1, 2011 OR LATER, AND THE TERMS OF THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT DATED APRIL 1, 2011 OR LATER FOR THE DIRECT COLLEGEADVANTAGE 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY (TUITION TRUST), AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION, TOGETHER WITH THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.**
- The information provided on this form is true and correct. The Successor Trustee, Beneficiary and myself are U.S. citizens or resident aliens. The Taxpayer Identification numbers in Sections 1, 2, 3 and 6 are correct (or a number has been applied for and will be provided upon receipt).
- The Tuition Trust is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust.
- If participating in electronic fund transfers (EFT), my signature below authorizes the Tuition Trust to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I authorize the Tuition Trust to make a follow-up attempt in retrieving those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank and the Tuition Trust for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Tuition Trust, with reasonable time given to implement my request.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are required to obtain my name, residential or business address, Social Security or Tax Identification number, driver's license or state-issued I.D. card number, and date of birth in order to verify my identity and for tax reporting purposes. In addition, trusts and non-profit organizations are required to provide documentation in order for the Program Administrators to verify their identities. The Program Administrators are not responsible for (1) determining if the trustee listed in Section 1 has the authority to open a CollegeAdvantage account; or for (2) ensuring that the terms of the trust are being complied with; all information required is for identity verification and tax reporting purposes only. Please contact CollegeAdvantage at 1-800-233-6734 for more information. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Tuition Trust is unable to accept this new account if any required information is not provided. If the Program Administrators are unable to verify the Trustee's identity, this account will be closed and the assets in the account distributed at the then-current unit value.
- I understand that under federal tax law any rollover to another state's 529 Plan that will accept it must occur within 60 days. If I have any additional questions concerning the tax consequences of any such distribution, I will refer to the "Tax Information" section of the *Offering Statement and Participation Agreement*, or consult my professional tax advisor.
- I understand that any investment in a CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the state of Ohio, the Tuition Trust or any of the mutual fund firms under contract with OTTA. Any investment in a Fifth Third investment option, however, is insured by the FDIC, up to the limits set by the FDIC. An investment in a CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Except for the Fifth Third investment options, participants assume all investment risk of an investment in CollegeAdvantage, including the potential loss of principal. Regular investing does not ensure a profit or protect against a loss. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen during the period funds were invested.

Note: If you select any of the Fifth Third Bank Investment Options, then your signature below, together with this Application and the *Offering Statement and Participation Agreement*, which includes Fifth Third Bank's Rules, Regulations, Agreements and Disclosures, constitutes the Deposit Agreement between you and Fifth Third Bank.

Signature of Trustee (on behalf of Account Owner)

____ - ____ - ____
Date (mm/dd/yyyy)

Program details are subject to change. If you do not submit your account application within six months of receipt of the *Offering Statement and Participation Agreement*, please call the Ohio Tuition Trust Authority to ensure you have the most current version of this important document before submitting application.