



## New Account Application

Complete application online at [www.collegeadvantage.com](http://www.collegeadvantage.com) or complete this form and return to: CollegeAdvantage 529 Savings Plan, P.O. Box 691078, Cincinnati, OH 45269-1078. For more information call **1-800-AFFORD-IT** (233-6734).

### INSTRUCTIONS:

Use this form to enroll in the CollegeAdvantage 529 Savings Plan. You cannot use this form to change the existing Account Owner or Beneficiary. Please print clearly in **CAPITAL LETTERS**. Please mark boxes like this . Please use only blue or black ink.

### 1 Account Owner information (Required)

Account Owner's first name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Owner's Social Security number	Account Owner's date of birth (month, day, year)	Relationship to Beneficiary
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you legally changed your name (through marriage or court order) in the last six months?

No  Yes

If Yes, please provide previous name or maiden name

### Account Owner's address (Required)

Account Owner's mailing address (including apartment or box number)

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
County	Email	
<input type="text"/>	<input type="text"/>	
Home phone	Work phone	
( <input type="text"/> ) <input type="text"/> - <input type="text"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>	

### Residential address (no P.O. boxes)

Check here if residential address is the same as mailing address, and has not changed in the last six months. If checked, go to the next page. Otherwise, complete below.

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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Have you changed your residential address in the last six months?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
If Yes, please provide previous residential address:		
Account Owner's previous residential address (including apartment number, if applicable)		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>





## Account Owner identity verification (Required)

To help the government fight 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, pursuant to the U.S. Patriot Act of 2001.

Account Owner's first name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Owner's driver's license or state-issued I. D. card number (7-15 digits)	State	Expiration date (month, day, year)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Driver's license  I.D. card

Account Owner's mother's maiden name

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

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?  Yes  No

## 2 Beneficiary information (Required)

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

Beneficiary's first name	MI	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary's Social Security number	Beneficiary's date of birth (month, day, year)
<input type="text"/>	<input type="text"/>

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 Account Owner's mailing address and skip to Section 3. If Beneficiary's mailing address is different, complete below.

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

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>



### 3 Initial contribution (Required)

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**. If you wish to contribute to more than four Investment Options, you can complete and return an *Investment Option Addition Form* once the account has been established.

Please refer to the list of Investment Options at right and their corresponding codes to complete this section.

#### Investment Option selection

Investment Option code	Initial contribution (minimum \$25, or \$500 for a CD)
□□□□□□	\$ □□ , □□□ . □□
□□□□□□	\$ □□ , □□□ . □□
□□□□□□	\$ □□ , □□□ . □□
□□□□□□	\$ □□ , □□□ . □□
<b>TOTAL</b>	\$ □□ , □□□ . □□

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.
- Check here if you are funding this account with proceeds from the sale of assets held in an UTMA/UGMA custodial account.

#### Bank information (Required for one-time debit)

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

- Checking account (Routing number: see example below.)
- Savings account (Routing number: call your bank to obtain.)

Routing number (first set of 9 numbers)

□□□□□□□□□

Account number (second set of numbers)

□□□□□□□□□□□□□□□□

**JOHN DOE**  
1234 Your Street  
Your City, OH 12345

Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

**YourBank**  
YourBank of Ohio  
Cleveland, OH

For \_\_\_\_\_

: 101010011 : 0551005115100 11011

Routing Number

Account Number

CollegeAdvantage Investment Options	Code
<b>Age-Based Options</b>	
The Advantage Age-Based Option	AABO
Vanguard Conservative Age-Based Option	VCAB
Vanguard Moderate Age-Based Option	VMAB
Vanguard Aggressive Age-Based Option	VAAB
<b>Balanced Options (Mix of Stocks and Bonds)</b>	
Vanguard Conservative Growth Index Portfolio	VCGP
Vanguard Moderate Growth Index Portfolio	VMGP
Vanguard Wellington Option	VWLO
Vanguard Growth Index Portfolio	VGIP
<b>Bank Options (100% Cash)</b>	
Fifth Third 529 Savings Account	FTSAV
Fifth Third 529 Certificate of Deposit	CD □□□
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. CDs require a \$500 minimum investment.	
<b>Capital Preservation (Cash) and Fixed-Income (Bond) Options</b>	
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
<b>Equity Options (100% Stocks)</b>	
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 Cap Option	OMSS
Vanguard Developed Markets International Stock Index Option	VDIM
GE Institutional International Equity Option	GEIO

#### Referral Bonus

If you have a referral bonus code from an existing CollegeAdvantage Account Owner with a direct account, please enter it here (5-10 digits). You will receive a \$25 credit to your account within 7-10 business days after your account is established. Confirmation of the referral bonus will be sent under separate cover once it is applied to your account. Note: referral program is subject to end without notice.

□□□□□□□□□□





## 4b. Recurring electronic funds transfer (Continued)

### 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 (if no option is selected, we will default to checking account):

Checking account (Routing number: see example below.)

Savings account (Routing number: call your bank to obtain.)

Routing number (first set of 9 numbers)

Account number (second set of numbers)

<b>JOHN DOE</b> 1234 Your Street Your City, OH 12345		Date _____
Pay to the order of _____	\$ _____	Dollars _____
<b>YourBank</b> YourBank of Ohio Cleveland, OH		
For _____	Routing Number: <b>0551005115100</b>	Account Number: _____

Routing Number

Account Number

## 5 Successor Owner information (Optional)

The Successor Owner will automatically become the owner upon the death, incompetence or permanent disability of the original Account Owner. The Successor Owner must be a different person than the Account Owner, and must be an adult, age 18 or older.

Successor Owner's first name

MI

Last name

Successor Owner's Social Security number

Check here if Successor mailing address is same as Account Owner and skip to next section. If Successor mailing address is different, complete below.

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

City

State

ZIP code

## 6 Rollover information (Optional)

If your account is being funded from another Qualified Tuition Program, a Coverdell Education Savings Account 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 check with this application to establish a CollegeAdvantage account. CollegeAdvantage will not solicit funds or documentation from the distributing entity.

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

Qualified Tuition Program

Coverdell Education Savings Account

U.S. Savings Bond

Dollar amount attributable to contributions

Dollar amount attributable to earnings

\$  ,  .

\$  ,  .

\*Documentation requirements: **From another Qualified Tuition Program**—a statement issued by the distributing 529 program that shows the earnings portion of the distribution. **From a Coverdell Education Savings Account**—an 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 on next page** ➔



## 7 Annual household income (Optional)

We collect this information to better serve your needs and help us determine the demographic profile of our customers. All information will be kept strictly confidential.

Under \$30,000    \$30,000-\$50,000    \$50,000-\$70,000    \$70,000-\$90,000    \$90,000 or more

## 8 Account certification and authorization (Required)

We must have your signature to process your Application and to certify your taxpayer identification number, which is located in Section 1.

I certify that the information contained herein is true and correct. I certify that I, the Successor Owner and my Beneficiary are U.S. Citizens or resident aliens. I certify that the taxpayer identification numbers in Sections 1, 2 and 5 are correct (or a number has been applied for and will be provided upon receipt). The Ohio Tuition Trust Authority (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 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, the Tuition Trust, Vanguard, Fifth Third Bank, PIMCO, OppenheimerFunds or GE Asset Management 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 the case of overpayment on this account, whether by error, mistake, inadvertence or otherwise, the amount of such overpayment shall be immediately reimbursed to the Tuition Trust.

**BY SIGNING BELOW, I AM AGREEING TO THE TERMS OF THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT DATED MARCH 1, 2010 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 MARCH 1, 2010 OR LATER FOR THE DIRECT-SOLD COLLEGEADVANTAGE 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION TOGETHER WITH THE PARTICIPATION AGREEMENT INCORPORATED HEREIN, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.**

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. 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 Account Owner'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 Qualified Tuition Program 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.

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 Account Owner (Required)

Signature date (month, day, year)

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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 Federal Deposit Insurance Corporation (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 in a declining market. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen.

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.