



**2. New Account Owner Information** *(The New Account Owner must be an adult, age 18 or older. If the existing Account Owner is deceased, please attach a copy of the certified death certificate with name and Social Security Number.)*

Does the New Account Owner have an existing CollegeAdvantage Direct 529 Savings Plan Account for this Beneficiary?  No  Yes  
(If yes, provide the Account Number below.)

Account Number

New Account Owner Legal Name (First name) **(Required)** (M.I.)

New Account Owner Legal Name (Last name) **(Required)**

New Account Owner Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy) **(Required)**

Citizenship (If other than U.S. citizen, please indicate country of citizenship.) **(Required)**

Telephone Number (In case we have a question about your Account.) **(Required)**

Email Address

Permanent Street Address (P.O. box or rural route number is **not** acceptable.) **(Required)**

City

State

Zip Code

Account Mailing Address if different from above (This address will be used as the Account's Address of Record and for all Account mailings.) **(Required)**

City

State

Zip Code

**3. New Account Owner's 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.) All the fields require a response.*

New Account Owner'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

New Account Owner'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

### 4. Existing Account Owner Certification and Authorization

I hereby make the change in the Account Owner as indicated above. I certify that the information contained herein is true and correct, and that my newly-established Account Owner is a U.S. Citizen or resident alien. I certify that the Social Security Number or Taxpayer Identification Number (TIN) provided for the New Account Owner is correct and complete.

Print Name of Existing Account Owner (Required)

Date (mm/dd/yyyy)

Signature of Existing Account Owner (Required)

Your signature must be notarized. See below. We cannot accept a signature guarantee in place of a notary's seal.

Before me, a Notary Public in and for \_\_\_\_\_, \_\_\_\_\_, this document was  
County State  
acknowledged before me on \_\_\_\_\_, by \_\_\_\_\_ who certifies the  
Full Date Current Account Owner  
correctness of the signature above.

Signature of Notary

Date (mm/dd/yyyy)

Name of Notary (first, middle initial, last)

My commission expires:

Date (mm/dd/yyyy)

(continued on next page)

Notary to place seal here

## 5. New Account Owner Signature (Required)

We must have your signature to process your Form and to certify your Social Security Number, which is located in **Section 2**.  
By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* AND THE TERMS OF THIS FORM. 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 AND UNDERSTAND THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* FOR THE COLLEGEADVANTAGE DIRECT 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. I am either a U.S. citizen or resident alien. The Social Security Number in **Section 2** is correct.
- The Ohio Tuition Trust Authority is authorized to recognize only my signature below for the withdrawal of funds or transactions or any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust.
- 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, my signature below authorizes Ohio Tuition Trust Authority personnel to access my personal confidential information as necessary for the administration of my account. 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 Ohio Tuition Trust Authority is unable to accept this new Account if any required information is not provided. If the CollegeAdvantage 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 share value.
- 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 Ohio Tuition Trust Authority 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.

**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, National Association.

Print Name of New Account Owner **(Required)**

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Date (mm/dd/yyyy)

Signature of New Account Owner **(Required)**