



ScholarShare College Savings Plan Account Application for an Entity Account

Use this form to open an Account by a Trust, Estate, Business Entity, 501(c)(3) Organization, or State or Local Government or Agency

Questions? Call toll-free 1 800 544-5248 Or write to the Plan at P.O. Box 55205 Boston, MA 02205-5205 Visit www.scholarshare.com

- Before completing this form, read the Plan Disclosure Booklet and Participation Agreement... You may invest in as many Investment Portfolios as you want... You must complete a separate Account Application for each Beneficiary... Print in capital letters with blue or black ink, sign and date this form, then mail it to the Plan at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.

To open an Account, you must provide for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

1 Entity Participant Information (The Participant owns/controls the account. All requested information must be provided.)

Entity Participants are required to provide additional documentation to open an Account, as described in the Plan Disclosure Booklet and Participation Agreement. Please refer to the Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Participants that accompany this Account Application.

Type of Entity (check one)

- Trust or Estate (Foreign Trusts not eligible.) Business Entity (Corporation, Partnership, Company or Association) Internal Revenue Code (IRC) Section 501(c) (3) Organization State or Local Government, or Agency or Instrumentality thereof

Type of Account (check one)

- Entity Account for Named Beneficiary Qualified Scholarship Account for Named Beneficiary Qualified Scholarship Account for Unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c) (3) Organization)

Entity Name

Principal Place of Business or Local Office Address (This must be a street address - a P.O. Box is not acceptable.)

City, State, Zip

Mailing Address, if different from above address

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number

Contact Telephone Number

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

2 Authorized Representatives *(You must provide all requested information.)*

An entity Participant must designate one or more authorized representative(s) to act on its behalf and each must have a valid Social Security Number or Taxpayer Identification Number. Up to two authorized representatives can be listed below and an additional page may be attached, if needed.

Authorized Representative, or Trustee, Information - 1

Authorized Representative Name (First, MI, Last, Suffix)																								
Title or Position																								
- -												- -												
Social Security Number or Individual Taxpayer Identification Number												Date of Birth (mm-dd-yyyy)												
-												-												
Gender (M/F)												Contact Telephone Number												

Authorized Representative, or Trustee, Information - 2

Authorized Representative Name (First, MI, Last, Suffix)																								
Title or Position																								
- -												- -												
Social Security Number or Individual Taxpayer Identification Number												Date of Birth (mm-dd-yyyy)												
-												-												
Gender (M/F)												Contact Telephone Number												

3 Beneficiary Information *(This is the person for whom you are opening the account. You must provide all requested information.)*

The Beneficiary must be a U.S. citizen or resident alien, and must have a valid Social Security Number or Taxpayer Identification Number. You must provide a residential street address (no P.O. boxes) or this Account cannot be opened.

Note: A Beneficiary must be named for all types of Accounts, except for Qualified Scholarship Accounts opened by an IRC Section 501(c)(3) that will name a Beneficiary in the future. Note: You may establish only one Account for a Beneficiary in the Plan.

Name (First, MI, Last, Suffix)																								
- -												- -												
Social Security Number or Individual Taxpayer Identification Number												Date of Birth (mm-dd-yyyy)												
-												-												
Gender (M/F)																								
<input type="checkbox"/> Check this box if the Beneficiary lives with the Participant. If so, do not provide an address in the boxes below.																								
Residential Street Address (This must be a street address -- a P.O. Box is not acceptable..)																								
City, State, Zip, (Country, if foreign address)																								

4 Select Investment Portfolios

Complete this section to allocate your initial and future contributions, **excluding** any payroll deduction contributions, to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Portfolios as you wish from the list below.

You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Portfolios	Whole Percentage <i>(per Investment Portfolio)</i>
Active Age-Based Portfolio	%
Passive Age-Based Portfolio	%
Active Diversified Equity Portfolio (2929)	%
Active Growth Portfolio (2930)	%
Active Moderate Growth Portfolio (2931)	%

Investment Portfolios	Whole Percentage (per Investment Portfolio)
Active Conservative Portfolio (2932)	%
Active International Equity Portfolio (2934)	%
Active Diversified Fixed Income (2935)	%
Passive Diversified Equity Portfolio (2945)	%
Passive Growth Portfolio (2946)	%
Passive Moderate Growth Portfolio (2947)	%
Passive Conservative Portfolio (2948)	%
Passive Diversified Fixed Income Portfolio (2949)	%
Index International Equity Portfolio (2951)	%
Social Choice Portfolio (2933)	%
Index Bond Portfolio (2950)	%
Index U.S. Large Cap Equity Portfolio (2952)	%
Index U.S. Equity Portfolio (2953)	%
Principal Plus Interest Portfolio (2954)	%
TOTAL	100%

5 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section. The minimum Initial Contribution amount is \$25 per Investment Portfolio and \$15 per Investment Portfolio if contributing by payroll deduction.

Check - Make check payable to ScholarShare College Savings Plan.

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

Amount

\$

(\$25 minimum per Investment Portfolio)

Electronic Funds Transfer (EFT)

Please provide bank information in **Sections 6a and 6b**.

Amount

\$

(\$25 minimum per Investment Portfolio)

Automatic Contribution Plan (ACP)

Complete **Sections 6a and 6c** to make regularly scheduled contributions from your bank.

Rollover

(\$25 minimum per Investment Option)

- To rollover proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To rollover the proceeds you received from a redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Please provide the breakdown of contribution and earnings on the following page AND submit a statement from the other 529 plan with this application.

Amount

\$

(\$25 minimum per Investment Portfolio)

Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)

Please provide the breakdown of contribution and earnings on the following page AND submit a statement with these amounts with this form.

Proceeds from the redemption of a qualified U.S. savings bond

Please provide the breakdown of contribution and earnings on the following page AND submit a Form 1099 with these amounts with this form.

Cost Basis	\$,					.		
Earnings	\$,					.		
Total Indirect Rollover Amount	\$,					.		

Note: If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. savings bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Plan.

Payroll Deduction

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 6 and 7 below to make regularly scheduled contributions to the Plan from your bank account. Please complete the payroll form that can be downloaded from the Plan's website www.ScholarShare.com and provide your allocation instructions for payroll deduction contributions only on that form.

6 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Portfolio you have selected.

a. Bank Account Verification

You may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

Type of Account (check one):		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:	Routing Number:	
Name(s) on Account: <i>The Participant's name must appear on the bank account.</i>		
Bank Name:	Bank Telephone Number:	

b. Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

I DO NOT elect the Electronic Purchase Option.

b. Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information below. All future contributions will be invested using the allocation instructions you provided in Section 4.

✓ **Select the frequency of your contributions.**

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

✓ **Select the date(s) of your contributions.**

*If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.
If frequency is bi-weekly, withdrawals will occur on the 5th and the 20th of the month.*

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you selected above.

\$

7 Optional Information

You are not required to complete this section to open an Account in the *ScholarShare College Savings Plan*.

This information helps us better understand our college savers.

How did you hear about the Plan? (Check one or more.)					
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Employer	<input type="checkbox"/> TIAA-CREF	<input type="checkbox"/> Colleague	<input type="checkbox"/> Other
<input type="checkbox"/> Television Commercial	<input type="checkbox"/> Radio	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Plan Representative
<input type="checkbox"/> Billboard	<input type="checkbox"/> Internet				
What is your total family income?					
<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$75,000	<input type="checkbox"/> \$75,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$150,000	<input type="checkbox"/> \$150,001 - \$200,000	<input type="checkbox"/> Over \$200,000			
What aspect of the Plan is most appealing to you? (Check one or more.)					
<input type="checkbox"/> Tax advantages	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Estate planning	<input type="checkbox"/> Professional money management		
Would you like to receive TIAA-CREF materials unrelated to the Plan?					
<input type="checkbox"/> By checking this box, I am opting <u>not</u> to receive TIAA-CREF materials unrelated to the Plan.					

8 Signature and Certification (An Authorized Representative must sign this section or this Account will not be opened.)

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the *Plan Disclosure Booklet*). I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based on this information
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the initial and future contributions for this account will be invested using the Allocation Instructions I provided in Section 4. I further understand that I can change my Allocation Instructions at any time.
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*, and I understand that the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I agree to any electronic or telephonic functionality provided by the Plan upon establishment of this account. If I have provided banking information in Section 5, I authorize the *ScholarShare College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

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Signature of Authorized Representative of Entity

Date

I will retain a copy of this *Account Application*, the *Plan Disclosure Booklet* and the *Participation Agreement* (contained in the *Plan Disclosure Booklet*) with my records.

Mail this form to:

ScholarShare College Savings Plan
P.O. Box 55205
Boston, MA 02205-5205
A13102 (09/13) WEB





SCHOLARSHARE

CALIFORNIA'S 529 COLLEGE SAVINGS PLAN

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this *Account Application*. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
Corporation	<ul style="list-style-type: none"> ▪ Certified Articles of Incorporation or a government issued business license.
Trust	<ul style="list-style-type: none"> ▪ Copy of the first and last pages of the Trust Instrument and the Certificate of Incumbency
Partnership	<ul style="list-style-type: none"> ▪ Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	<ul style="list-style-type: none"> ▪ Copy of the LLC Agreement
Estate	<ul style="list-style-type: none"> ▪ Certified copy of the court order establishing the estate.
Non-Profit Organization under IRC Section 501 (c) (3)	<ul style="list-style-type: none"> ▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the Plan Disclosure Booklet and Participation Agreement (contained in the Plan Disclosure Booklet) for additional information.

List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.