

Instructions

- Use this *Additional Contribution by Mail* form only to contribute to an existing Plan Account. (You must complete an *Account Application* to open an Account for another Account Owner and/or Beneficiary.)
- A separate *Additional Contribution by Mail* form is required for each Account. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting www.mnsaves.org and clicking on *Account Forms*.
- Print in capital letters using blue or black ink. Mail this form to the Plan at the above address, along with your contribution check(s).

1 Account Information (Refer to your Account statement.)

1 9 1 8 - 0 1 2 3 4 5 6 7

Fund and Plan Account Number (Provide any account number from your statement.)

J O H N A S A M P L E

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

A N N E M S A M P L E

Beneficiary Name (First, MI, Last, Suffix)

2 Contribution Check Information (Check one or both, if applicable.)

Make checks payable to, or appropriately endorse to, the **Minnesota College Savings Plan**. Contributions are permitted by personal checks, (excluding starter checks) bank drafts, teller's checks and checks issued by a financial institution or brokerage account payable to the Account Owner and endorsed to the Plan by the Account Owner, and third-party personal checks up to \$10,000 endorsed to the Plan by the Account Owner. The Maximum Account Balance Limit is \$235,000 per Beneficiary.

A note about Uniform Gift to Minors/Uniform Transfers to Minors Accounts (UGMA/UTMA):

If your contribution check represents proceeds from an UGMA/UTMA account, those funds can only be deposited into another UGMA/UTMA account for the same Beneficiary, subject to applicable law governing such accounts.

Regular Contribution Check(s)

Rollovers Contribution Check(s) under I.R.C. § 529

If you have already received a check from another Qualified Tuition Program or Coverdell Education Savings Account (Education IRA), the Plan must receive your contribution check within 60 days of the date of withdrawal from the other program to qualify for rollover treatment. Unless the Plan receives a statement along with this check, including a breakdown of earnings and contributions of your original account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

3 Investment Option Information (You must complete this section or your contribution will be rejected.)

You may direct your contribution to an existing Investment Option or into a new Investment Option, which will be opened upon receipt of this contribution. The minimum contribution is \$25 per Investment Option. Refer to the *Disclosure Booklet* for more information.

Investment Options	Is this a new investment option?	Contribution Amount(s)
Managed Allocation Option	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$ 1 , 5 0 0 . 0 0
100% Equity Option (1918)	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$, 5 0 0 . 0 0
Balanced Option (2300)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$, .
100% Fixed Income Option (2301)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$, .
Money Market Option (2302)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$, .
Guaranteed Option (1917)	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$, 5 0 0 . 0 0
Total Contribution Check(s)		\$ 2 , 0 0 0 . 0 0

Mail this form to:



FINANCIAL SERVICES
FOR THE GREATER GOOD™

Overnight Mail
 Minnesota College Savings Plan
 30 Dan Road
 Canton, MA 02021-2809

Regular Mail
 Minnesota College Savings Plan
 P.O. Box 55134
 Boston, MA 02205-5134

Program Administration by TIAA-CREF Tuition Financing, Inc.
 Distributed by TIAA-CREF Individual & Institutional Services, LLC



Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that the Minnesota College Savings Plan (the "Plan") has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary's Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary's Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary's identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

Mail this form to:

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134

Overnight Mail

Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809



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