



Instructions

- Read the *Disclosure Booklet for an Individual Account* (contained in the *Disclosure Booklet*) carefully before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Plan, even if you have not opened that option through this form.
- You must complete a separate *Account Application* for each Beneficiary. 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 with blue or black ink, sign and date the 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, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

1 Account Owner Information (You must provide all requested information.)

The Account Owner must reside in the United States and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

J O H N A S A M P L E

Name (First, MI, Last, Suffix)

1 2 5 M A I N S T R E E T

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

A N Y T O W N M N 1 2 3 4 5

City, State, Zip

Mailing Address, if different from the above address

City, State, Zip

0 1 2 - 3 4 - 5 6 7 8

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 1 - 1 5 - 1 9 6 5

Date of Birth (month/day/year)

6 1 2 - 5 5 5 - 1 2 3 4

Home Telephone Number

6 1 2 - 5 5 5 - 5 6 7 8

Business Telephone Number

F A T H E R

Relationship to Beneficiary (optional)

J S A M P L E @ C A B L E . N E T

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

2 Beneficiary Information (You must provide all requested information.)

The Beneficiary must be a person, who may reside outside the United States, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 6 - 3 0 - 2 0 0 1

Date of Birth (mm-dd-yyyy)

Check this box if the Beneficiary lives with the Account Owner. 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 under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

3 Contingent Account Owner *(optional)*

The Contingent Account Owner, the person who will become Account Owner in the event of death of the current Account Owner, may reside outside the United States, but must have a Social Security Number or Taxpayer Identification Number. The Contingent Account Owner must be an individual.

M A R Y J S A M P L E

Name (First, MI, Last, Suffix)

4 5 6 - 7 8 - 9 2 1 3

Social Security Number or Taxpayer Identification Number

F

Gender (M/F)

1 2 - 1 0 - 1 9 7 0

Date of Birth (mm-dd-yyyy)

Check this box if the Contingent Account Owner lives with the Account Owner. 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 under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

6 1 2 - 5 5 5 - 1 2 3 4

Home Telephone Number

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

Business Telephone Number

M O T H E R

Relationship to Beneficiary (optional)

4 Initial Contribution

Just follow these simple steps to fund your account:

- ✓ Select your Investment Option(s) and write the amount to be invested in each option
- ✓ Check the appropriate box(es) below to indicate how you will make your contribution(s).
- ✓ Call 1-877-338-4646 for assistance, if needed.

Before selecting your Investment Option(s), be sure to read the *Disclosure Booklet* for information about each option. You can make your initial and subsequent contributions by check or Electronic Funds Transfer (EFT), Rollovers from another Qualified Tuition Program, Automatic Contribution Plan (ACP) or Payroll Deduction, as described below and in the *Disclosure Booklet*.

NOTE: If you allocate your initial contribution to the Guaranteed Option, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Guaranteed Option to the Money Market Option will not be permitted.

Deposit my Initial Contribution(s) in:	Contribution Amounts									
	<i>(Minimum \$25 each)</i>									
Managed Allocation Option	\$		3	,	0	0	0	.	0	0
100% Equity Option (1918)	\$		1	,	0	0	0	.	0	0
Balanced Option (2300)	\$,				.		
100% Fixed Income Option (2301)	\$,				.		
Money Market Option (2302)	\$,				.		
Guaranteed Option (1917)	\$		1	,	0	0	0	.	0	0
Total Contribution Amount	\$		5	,	0	0	0	.	0	0

Check

(Minimum \$25 per investment option)

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and enclose your contribution check(s) with this *Account Application*. Make check(s) payable 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. Checks must be drawn on a U.S. banking institution and must be payable in U.S. dollars.

Electronic Funds Transfer (EFT)

(Minimum \$25 per investment option)

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above. Provide your Banking Information in Section 5 of this form.

Rollovers under I.R.C. § 529

(Minimum \$25 per investment option)

Indicate the amount of your rollover from another Qualified Tuition Program (QTP) or from a Coverdell Education Savings Account (Education IRA). Unless the Plan receives a statement, including a breakdown of earnings and contributions for your original account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

- **To make a direct rollover from another QTP**, submit a *Rollover Form* along with this *Account Application*.
- **To make an indirect rollover**, submit a rollover check along with this *Account Application*. The check must be received within 60 days of the date of withdrawal from the other program or account. You may provide the breakdown on the following page or you may submit a statement from your former plan along with this form.

Contribution Amount	\$			1	,	5	0	0	.	0	0
Earnings Amount	\$,	5	0	0	.	0	0
Total Indirect Rollover Amount	\$			2	,	0	0	0	.	0	0

Automatic Contribution Plan (ACP)

(Minimum \$25 per investment option)

Indicate the amount of your initial and/or subsequent Automatic Contribution Plan (ACP) contribution, which will automatically be transferred from your bank account into the Plan. Provide your banking information in Section 5 of this form.

Payroll Deduction

(Minimum \$15 per Investment Option)

You may open your account through payroll deduction only if your employer offers payroll deduction and you submit the appropriate Payroll Deduction Form along with this Account Application.

Note: This option is only available if your employer agrees to offer payroll deduction and is able to make contributions by Automated Clearing House Funds (ACH). If your employer cannot make contribution via ACH, you may want to consider establishing an Automatic Contribution Plan (ACP) to make recurring payments directly from your bank account.

5 Banking Information

Provide banking information here if you chose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or if you elect to make subsequent contributions through the Electronic Purchase Option or the Automatic Contribution Plan (ACP). Separate withdrawals from your bank account will be made for each Investment Option you have selected. It may take up to ten days to initiate these options.

Type of Account (check one):		<input checked="" type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:	Routing Number:	
012-987654	0123456789	
Name(s) on Account (The Account Owner's name must appear on the bank account.)		
John A Sample and Mary J Sample		
Bank Name:	Telephone Number:	
Citizens Savings	612-555-3952	

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above if you check this box.

Yes, I elect the Electronic Purchase Option.

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 here.

Select the amount of your contributions.

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP Contribution in:	ACP Contribution Amounts ((\$25 minimum per Option))										
Managed Allocation Option	\$,	3	0	0	.	0	0
100% Equity Option (1918)	\$,	1	0	0	.	0	0
Balanced Option (2300)	\$,				.	0	0
100% Fixed Income Option (2301)	\$,				.	0	0
Money Market Option (2302)	\$,				.	0	0
Guaranteed Option (1917)	\$,	1	0	0	.	0	0
Total Contribution Amount	\$,	5	0	0	.	0	0

Select the frequency of your contributions.

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

<input type="checkbox"/> Bi-weekly	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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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 checked="" 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.

<input type="checkbox"/> 5th	<input checked="" type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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Attach your pre-printed voided bank check, or pre-printed deposit slip here, to help the Plan obtain your proper bank account information.

6 Optional Information

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the Plan. See *Notice of TIAA-CREF Privacy Policy* and *Notice of Privacy Policy for the Minnesota College Savings Plan* in the *Disclosure Booklet*.

How did you hear about the Minnesota College Savings Plan? *(Check one or more.)*

- | | | | | | |
|-------------------------------------------------|---------------------------------|-----------------------------------|---------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input checked="" type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF Web site | <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 checked="" type="checkbox"/> Family/Friend | <input type="checkbox"/> Plan Representative |

What is your total family income?

- | | | | |
|------------------------------------------------|------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input checked="" 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 Minnesota College Savings Plan is most appealing to you? *(Check one or more.)*

- | | | | |
|----------------------------------------------------|-------------------------------------------------|------------------------------------------|--------------------------------------------------------|
| <input checked="" type="checkbox"/> Tax advantages | <input checked="" 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 Minnesota College Savings Plan?

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Plan.

7 Signature and Certification *(You must sign this section or this Account will not be opened.)*

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

- I certify 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.
- If I have enclosed a check for an indirect rollover, I also certify this amount was withdrawn from another Qualified Tuition Program or Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and I have not previously made a rollover for the same Beneficiary within the last 12 months.
- If I have provided Banking Information in Section 5, I authorize the *Minnesota College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree neither the *Minnesota College Savings Plan* nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- I understand the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree I will be subject to the terms of those amendments.
- I have received, read and understand the *Disclosure Booklet*, including the *Participation Agreement*.

<i>John A Sample</i>	<i>November 1, 2007</i>
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Signature of Account Owner

Date

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



FINANCIAL SERVICES
FOR THE GREATER GOOD™

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

Mail this form to:
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.



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Overnight Mail

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

Mail this form to:

Regular Mail

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

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