



Minnesota College Savings Plan Account Application for an Entity Account

Use this form to open a new Plan Account by a Trust, Estate, Business Entity, 501(c)(3) Organization or State or Local Government or Agency
Questions? Call toll-free 1-877-338-4646
P.O. Box 55134, Boston, MA 02205-5134
Visit www.MNsaves.org

Instructions

- Read the *Disclosure Booklet, Participation Agreement* (contained in the *Disclosure Booklet*) and the enclosed *List of Approved Documents for Substantiation by Entity Accounts* 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.
- Print in capital letters with blue or black ink, sign and date the form, and 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 Entity Account Owner Information *(You must provide all requested information or the Account cannot be opened.)*

Entity account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners* before completing this form.

Type of Entity *(check one)*

- Trust or Estate (Foreign Trusts not eligible.)
- Business Entity (Corporation, Partnership, Sole Proprietorship, Company or Association)
- Internal Revenue Section IRC §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 §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 under the U.S. Patriot Act.)*

City, State, Zip

Mailing Address, if different from above address

City, State, Zip

Taxpayer Identification Number

Home Telephone Number

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

Entity Account Owners are also required to submit documentation open an Account and to conduct future transactions, as described in the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners*.

Authorized Representative Information - 1

<i>Authorized Representative Name (First, MI, Last, Suffix)</i>																																					
<i>Title or Position</i>																																					
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<i>Business Telephone Number</i>																																					

Authorized Representative Information - 2

<i>Authorized Representative Name (First, MI, Last, Suffix)</i>																																					
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3 Beneficiary 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 name a Beneficiary for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) or a state or local government that will name a Beneficiary in the future. You must provide a residential address or this Account cannot be opened.

<i>Name (First, MI, Last, Suffix)</i>																																																							
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<input type="checkbox"/> Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.																																																							
<i>Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)</i>																																																							
<i>City, State, Zip, Country (if foreign address)</i>																																																							

4 Select Investment Option

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

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Option 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 Options	Whole Percentage <small>(per Investment Option)</small>
Managed Allocation Option (Age-based)	%
Principal Plus Interest Option (1917)	%

Investment Options	Whole Percentage <i>(per Investment Option)</i>
U.S. & International Equity Option (1918)	%
Moderate Allocation Option (2300)	%
100% Fixed Income Option (2301)	%
Money Market Option (2302)	%
International Equity Index Option (2303)	%
Aggressive Allocation Option (2295)	%
Conservative Allocation Option (2296)	%
Equity and Interest Accumulation Option (2297)	%
U.S. Large Cap Equity Option (2298)	%
TOTAL	100%

Note: If you allocate your contributions to the Principal Plus Interest Option, transfers made at a later date from the Principal Plus Interest Option to the Money Market Option will not be permitted.

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

Indicate your method of contribution in this section.

Check - Make check payable to the **Minnesota College Savings Plan**

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, 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

\$

One Time Electronic Funds Transfer (EFT)

Please provide bank information in **Section 6**

Amount

\$

Automatic Contribution Plan (ACP)

Complete **Sections 6 and 7 below** to make regularly scheduled contributions from your bank.

Rollover

- To roll over proceeds directly from another 529 plan, submit the Plan's *Rollover Form* along with this application.
- To roll over the proceeds you received from the 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 of the withdrawal from the other qualified tuition program or Coverdell ESA. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount

\$

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.MNsaves.com and provide your allocation instructions for payroll deduction contributions only on that form.

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

Please provide the breakdown of contribution and earnings below 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 below 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.

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 by electronic bank transfer. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.¹

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

7 Automatic Contribution Plan

Contribution Amount

	.00
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Investment Dates

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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Month(s) Select the month(s) you would like your Automatic Contributions made (you must select at least one).

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"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s) Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

¹ By providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through the Minnesota College Savings Plan website provided your banking information has been on file for a minimum of 30 days. Please do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information

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

By signing below, I am agreeing on behalf of the entity named in Section 1 to terms and conditions set forth below and in 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 hereby establish, as the Account Owner, an Account representing an interest in the Minnesota College Savings Plan (the "Plan") for the Beneficiary to be named on the following page and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan. The Minnesota Office of Higher Education (the "Office") and the Minnesota State Board of Investment are the Plan Administrators (the "Administrators"). I understand that the Plan Administrators have retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Plan Disclosure Booklet and its Participation Agreement (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Disclosure Booklet.

- 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.
- 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 Plan may, from time to time, amend the *Participation Agreement* and the *Plan Disclosure Booklet* and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover. I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in Section 6, 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 that neither the 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.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through this Website provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

Signature of Authorized Representative of Entity

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.



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

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 your *Account Application* to open an Account. These documents are required 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 in this Account. For more information, please refer to the *List of Approved Documents for Substantiation by Entity Account Owners* that appears on the following page.

List of Approved Documents for Substantiation by Entity Account Owners
Including Minor Trust Accounts opened by a Trust that names a minor as beneficiary

Substantiation is required from an entity Account Owner when opening a Plan Account or when conducting a transaction for that Account. Such documentation must include the following:

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 same document may provide substantiation of all of the three required elements.

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.

1. 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;
2. A certificate signed by the owner of a sole proprietorship;
3. 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);
4. 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);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. 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;
7. 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;
8. 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;
9. 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
10. 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.

Please retain a copy of this notice with your records.



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.

MN0808.PRI



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