



# Minnesota College Savings Plan Authorization for Online Account Access

(For Trust Accounts only)

**Questions?** Call toll-free 1-877-338-4646

P.O. Box 55134, Boston, MA 02205-5134

Visit [www.MNsaves.com](http://www.MNsaves.com)

- Use this form to request online account access for a trust account. By signing this form, all trustees will authorize **only one trustee** to have online account access, including any future online enhancements that may include online withdrawals from the account.
- All trustees must sign this form and a Medallion Signature Guarantee or Signature Validation Program stamp <sup>1</sup> is required in Section 4 for each trustee's signature.
- Include a copy of the Trust agreement with this form, specifically the section(s) in which the trust is established and the trustee(s) named.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.
- Allow 7-10 days for mail and processing time, then visit [www.mnasaves.com](http://www.mnasaves.com) to establish online account access. You will be notified only if your submission is incomplete and/or additional information is required.

## 1 Trust Information

Provide the trust name, date of the trust agreement and trustee name(s).

Name of Trust (Line 1)

Name of Trust (Line 2)

Date of Trust Agreement

1 - Trustee Name (First, MI, Last, Suffix)

2 - Trustee Name (First, MI, Last, Suffix)

3 - Trustee Name (First, MI, Last, Suffix)

## 2 Account Information

Provide the account number and beneficiary name for each account owned by the trust and for which online account access is requested.

### > Account 1

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

### > Account 2

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

### > Account 3

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

<sup>1</sup> A Medallion Signature Guarantee or Signature Validation Program stamp is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Medallion Signature Guarantee or Signature Validation program stamp. Please contact your bank or broker, if needed.

### 3 Trustee Information (You must name only one trustee to establish online account access.)

Provide the name of the designated trustee who will establish and maintain online account access.

Trustee Name (First, MI, Last, Suffix)

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Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

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Gender (M/F)

Contact Telephone Number

### Important Information about Online Account Access

**Only one trustee may have online access for an account.** By signing this form, all trustees grant the trustee named above the ability to establish unrestricted online account access. The designated trustee will have the ability to manage the account online, including current online features or any that may be offered in the future without prior notice, regardless of any restrictions contained in the trust agreement.

### 4 Signature and Authorization (This section must be signed by ALL Trustees for this request to be processed.)

**By signing this form,** I/we request online account access for this trust account and authorize the trustee named in Section 3 to establish online account access without restriction.

- I/we certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- I/we certify that I am a trustee of this Account and I have the authority to act as the Account Owner.

<p>Trustee Name <small>(Print)</small></p> <hr/> <p>Trustee Signature</p> <hr/> <p>Date <small>(mm/dd/yy)</small></p> <hr/>	<p><b>AFFIX STAMP HERE (MSG or SVP)</b></p>
<p>Trustee Name <small>(Print)</small></p> <hr/> <p>Trustee Signature</p> <hr/> <p>Date <small>(mm/dd/yy)</small></p> <hr/>	<p><b>AFFIX STAMP HERE (MSG or SVP)</b></p>
<p>Trustee Name <small>(Print)</small></p> <hr/> <p>Trustee Signature</p> <hr/> <p>Date <small>(mm/dd/yy)</small></p> <hr/>	<p><b>AFFIX STAMP HERE (MSG or SVP)</b></p>

### Important Information about Trustee Signatures

**A Medallion Signature Guarantee or Signature Validation Program stamp is required for the signature of each trustee** otherwise online account access will not be granted for this account. Each trustee may be required to provide proof of his/her authority to act on behalf of this Account to his/her bank or broker before a Medallion Signature Guarantee or Signature Validation Program stamp will be affixed to this form. Contact your bank or broker for additional information and requirements for obtaining a stamp.

**Mail to:**



**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

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## **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