



Path2College 529 Plan
Account Application for an Individual Account
Use this form to open a new Plan Account by an Individual
Questions? Call toll-free 1-877-424-4377
P.O. Box 105307, Atlanta, GA 30348-5307
Visit www.path2college529.com

Instructions

- Read the *Disclosure Booklet* and *Savings Trust Agreement* (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.path2college529.com.
- 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, 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 required information, 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 be a U.S. citizen or resident alien, 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 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 G A 1 2 3 4 5

Residential Address City, State, Zip

Mailing Address, if different from the above address

Mailing Address City, State, Zip

0 1 2 - 4 5 - 6 7 8 9

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 1 - 1 6 - 1 9 6 5

Date of Birth (mm-dd-yyyy)

4 0 4 - 5 5 5 - 1 2 3 4

Day Telephone Number

4 0 4 - 5 5 5 - 5 6 7 8

Evening 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 U.S. citizen or resident alien, 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

F

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 will become the Account Owner in the event of the Account Owner's death and must be eligible to become an Account Owner. A Contingent Account Owner must be a U.S. citizen or resident alien and must have a Social Security or Taxpayer Identification Number. Any designation made here can be changed or revoked at a future date.

M A R Y J S A M P L E

Name (First, MI, Last, Suffix)

6 6 2 - 0 0 - 1 2 3 4

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 7 - 3 0 - 1 9 6 4

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

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

4 0 4 - 5 5 5 - 1 2 3 4

Day Telephone Number

- -

Evening Telephone Number

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 initial contribution(s).
- ✓ Call 1-877-424-4377 for assistance, if needed.

Make check(s) payable to the Georgia Higher Education Savings Plan, which established the Path2College 529 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.

Before selecting your Investment Option(s), be sure to read the *Disclosure Booklet* for information about each option. Your initial and subsequent contributions can be made by check, 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 in: Investment Option Name (Fund Type)	Contribution Amounts (See minimums below.)
Managed Allocation Option (Age based)	\$ 2 , 0 0 0 . 0 0
Aggressive Managed Allocation Option (Age based)	\$, .
100% Equity Option (Equity)	\$ 3 , 0 0 0 . 0 0
Balanced Fund Option (Blended)	\$, .
Fixed Income Option (Fixed Income)	\$, .
Guaranteed Option (Guaranteed)	\$ 2 , 5 0 0 . 0 0
Money Market Option (Capital Preservation)	\$, .
Total Contribution Amount	\$ 7 , 5 0 0 . 0 0

Check *(Minimum \$25 for each Investment Option)*

Indicate the amount of your initial contribution amount(s) into the selected Investment Option(s) above and enclose your contribution check(s), payable to the Georgia Higher Education Savings Plan, with this Account Application.

Electronic Funds Transfer (EFT) *(Minimum \$25 for each Investment Option)*

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

Rollovers under I.R.C. § 529 *(Minimum \$25 for each 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 in the boxes provided on the following page or you may submit a statement from your former plan along with this form.

Contribution Amount	\$,				.		
Earnings Amount	\$,				.		
Total Indirect Rollover Amount	\$,				.		

Automatic Contribution Plan (ACP) *(Minimum \$25 for each 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 to contribute through ACP.

Payroll Deduction *(Minimum \$15 for each Investment Option)*
 Indicate the amount of your payroll deduction and submit a *Payroll Deduction Form* 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 choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or if you choose 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. Attach a pre-printed voided check or pre-printed deposit slip where indicated on this form. 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: 01234588	Routing Number: 123456789	
Name(s) on Account (The Account Owner's name must appear on the bank account.) John and Mary Sample		
Bank Name: Citizens Savings	Telephone Number: 404-237-5555	

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: Investment Option Name (Fund Type)	ACP Contribution Amounts (See minimums below.)
Managed Allocation Option (Age based)	\$, 2 0 0 . 0 0
Aggressive Managed Allocation Option (Age based)	\$, .
100% Equity Option (Equity)	\$, 2 0 0 . 0 0
Balanced Fund Option (Blended)	\$, .
Guaranteed Option (Guaranteed)	\$, .
Fixed Income Option (Fixed Income)	\$, 1 0 0 . 0 0
Money Market Option (Capital Preservation)	\$, 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

✓ **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 _____
------------------------------	--	--------------------------------------

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 *Georgia Higher Education Savings Plan*. See *Notice of TIAA-CREF Privacy Policy* in the *Disclosure Booklet*.

How did you hear about the 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 | <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 type="checkbox"/> \$50,001 - \$75,000 | <input checked="" 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 checked="" type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input checked="" type="checkbox"/> Professional money management |
|--|--------------------------------------|--|---|

Would you like to receive TIAA-CREF materials unrelated to the Plan?

- By checking this box, I am opting **not** 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 *Savings Trust 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 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 upon 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 Plan may from time to time amend the *Savings Trust Agreement* and the *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 *Disclosure Booklet*, including the *Savings Trust 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.
- If I have provided Banking Information in Section 5, I authorize the *Path2College 529 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 *Path2College 529 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.

John A Sample

Signature of Account Owner

March 10, 2008

Date

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

Mail this form to:

Path2College 529 Plan
P.O. Box 105307
Atlanta, GA 30348-5307



FINANCIAL SERVICES
FOR THE GREATER GOOD™

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