

Account Number: _____
Assigned by AZ529, Arizona's Education Savings Plan (AZ529)—Bank Plan



Enrollment Change Form

Congratulations! You are on your way to saving for college with College Savings Bank, a Division of NexBank. To get started:

- Read the Program Disclosure Statement and Product Terms and Conditions;
- **Please print clearly in CAPITAL LETTERS using blue or black ink.** Complete and Sign this form in **Section 8**;
- **Enclose a legible photocopy of a valid U.S. government issued ID or passport;** and
- Mail or fax all items including your deposit and/or deposit instructions.

Forms can be downloaded from our website at www.collegesavings.com/Arizona, or you can call us to request forms and assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

NOTE: We are required by federal law to obtain certain personal information from each person who opens an Account that will be used to verify their identity. If this information is not provided to us, we will not be able to open your Account.

1. Account Owner Choose One: **Adult Owns Assets** **Child Owns Assets** (adult is custodian under UGMA/UTMA)

Account Owner or Custodian First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)
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Street Address			
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City	State	Zip Code
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Mailing Address	<input type="checkbox"/> Check if same as street address
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City	State	Zip Code
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Social Security Number	Driver's License #	Expiration Date
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Telephone Number	Business Number	Relationship to Beneficiary
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Employer (include industry)	Occupation/Job Title	Personal Email
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- **Do you anticipate sending/receiving international wires:** Yes No **If Yes, how often:** _____
- **Are you or are you an immediate family member or close associate of a foreign/domestic political figure:** Yes No
- **Do you operate privately owned ATMs:** Yes No

2. Choose One: **Joint Account Owner** (spouse only) **Successor Account Owner/Successor Custodian** (individual or custodian accounts only)

First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)
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Street Address <input type="checkbox"/> Check if same as Account Owner			
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City	State	Zip Code
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Social Security Number	Driver's License #	Expiration Date
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Telephone Number	Business Number	Relationship to Beneficiary
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Employer (include industry)	Occupation/Job Title	Personal Email
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- **Do you anticipate sending/receiving international wires:** Yes No **If Yes, how often:** _____
- **Are you or are you an immediate family member or close associate of a foreign/domestic political figure:** Yes No
- **Do you operate privately owned ATMs:** Yes No

3. Designated Beneficiary

[]		[]		[]	
First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)		
[]					
Street Address	<input type="checkbox"/> Check if same as Account Owner				
[]		[]		[]	
City	State		Zip Code		
[]		[]		[]	
Social Security Number		Current Grade		First Year of College	

4. Signature (Required)

By signing below, I/we hereby apply for an Account in AZ529-Bank Plan. Capitalized terms used, but not otherwise defined herein have the meanings assigned to them in the Disclosure Statement. I certify that:

- I/we have received, read, and understand the terms and conditions of the Disclosure Statement. I/we understand that by signing this Enrollment Form, I/we agree to be bound by the terms and conditions of the Disclosure Statement. I/we understand that the Enrollment Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Arizona.
- Except as set forth below, I/we understand that the Disclosure Statement and Enrollment Form constitute the entire agreement ("Agreement") between myself and the Authority. No person is authorized to make an oral modification to this Agreement.
- I/we understand that my Account in AZ529-Bank Plan is not insured by the State of Arizona or any other governmental entity and neither the principal I/we contribute nor the investment return is guaranteed by the State of Arizona, the Authority or any other governmental entity, the Trust, the Program Manager or any of its affiliates. Notwithstanding the forgoing, I/we understand that CDs in which the Trust invests are insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC as further described in the Disclosure Statement.
- I/we intend to use my Account solely to save to pay the qualified higher education expenses of the Beneficiary.
- If I/we have chosen the ACH Plan or E-Check option, I/we authorize AZ529-Bank Plan, upon written, telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in this Enrollment Form. I/we authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I/we acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I/we further agree that the Trust, AZ529-Bank Plan, and the Plan Officials will not incur any loss, liability, damage, or expense for acting upon my written, telephone or online request. I/we understand that this authorization may be terminated by me at any time by notifying AZ529-Bank Plan and the bank in writing, and that the termination request will be effective as soon as AZ529-Bank Plan and the bank have had a reasonable amount of time to act upon it. I/we certify that I have authority to transact on the bank account identified by me in this Enrollment Form.
- I/we understand that contributions that cause the total balance of this Account and any other Accounts established in AZ529-Bank Plan and in any other Qualified Tuition Program offered by the State of Arizona on behalf of the Beneficiary designated in this Enrollment Form to exceed the Maximum Contribution Limit established by the Board are not permitted. I/we understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary within AZ529-Bank Plan will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I/we reasonably anticipate the Beneficiary will incur.
- If this is a rollover from another 529 plan or Coverdell ESA, I/we understand my contribution will be treated as earnings until AZ529-Bank Plan receives appropriate documentation from me.
- I/we certify that all of the information that I provided on this Enrollment Form is accurate and complete and I/we understand that I/we are bound by the terms, rights, and responsibilities stated in this Agreement and by any and all statutory, administrative, and operating procedures that govern AZ529-Bank Plan.

[]		[]	
Signature of Account Owner/Custodian		Date (MM/DD/YYYY)	
[]		[]	
Signature of Joint Account Owner		Date (MM/DD/YYYY)	

Make checks and electronic transfers payable to: **AZ529-Bank Plan, CSB as Manager**
Mail or Fax this form and any other required documents to:

- **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**