

# Deposit Slip

Complete this form to make additional contributions to your College Savings Bank, a Division of NexBank (**Bank Plan**), program manager with AZ529, Arizona's Education Savings Plan (AZ529) Account.

- If your contribution is a rollover from another 529 plan, please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.
- If your contribution is a rollover from a redemption of qualified U.S. Savings Bonds issued after 1989, please visit [www.irs.gov](http://www.irs.gov) for current income limitations. IRS restrictions apply.
- If your contribution is a rollover from a Coverdell Education Savings Account, please enclose a distribution statement or equivalent (issued by the financial institution that acted as trustee or custodian of the account) that shows the basis and earnings.

**NOTE:** You may also make electronic deposits to your Account using the E-Check option on our website at [www.collegesavings.com/Arizona](http://www.collegesavings.com/Arizona). Call to order additional forms or request assistance in completing this form at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

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**

## 1. Account Information

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Account Owner or Custodian First Name MI Last Name

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Beneficiary's First Name MI Last Name

## 2. Deposit Information *Deposits will be applied towards an EXISTING CD or Savings Account. Minimum of \$25.*

1-Year Fixed Rate CD

		\$
Account Number		Amount

2-Year Fixed Rate CD

		\$
Account Number		Amount

3-Year Fixed Rate CD

		\$
Account Number		Amount

CollegeSure® Honors Savings Account

		\$
Account Number		Amount

## 3. Signature (Required)

By signing below, I certify this deposit is for the intended qualified higher education expenses of the Beneficiary. If this is a rollover, I understand my contribution will be treated as earnings until the Plan receives appropriate documentation from me.

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Signature

Date (MM/DD/YYYY)

- Primary Account Owner/Custodian  
 Joint Account Owner  
 Other: \_\_\_\_\_