

Enrollment Form



| Instructions

Print clearly in all CAPITAL LETTERS using blue or black ink.

When requested, please color in circles completely.

Complete this form to establish a Private College 529SM account.

- To enroll online visit **privatecollege529.com**

If you have any questions, please call us at **1.888.718.7878** Monday through Friday from 9:00am to 8:00pm ET

Please mail the completed form and any required documents to the following address:

**Private College 529 Plan
P.O. Box 5268
Denver, CO 80217**

Fax **1.303.768.6529**

1 | Account Type

Important information about opening a new account

To help the government fight the funding of terrorism and money laundering activities, we are required by federal law to obtain, verify and record certain personal information that identifies each person prior to opening an account. This information includes the applicant's name and date of birth, street address, Social Security number (SSN) or Tax Identification number (TIN).

If you are establishing an account using a Power of Attorney on behalf of an Account Owner, please call us at **1.888.718.7878** for instructions about how to properly establish the account.

Please fill out Section A if your chosen Account Type is Individual or UGMA/UTMA.

Please fill out Section B if your Account Type is a Trust, 501(c)(3) or Other.

A. Individual or UGMA/UTMA Custodian

- Individual
- UGMA/UTMA

Please indicate the state that governs the UGMA or UTMA

Account Owner/Custodian Social Security number (Required)

Name (first, middle initial, last) of Account Owner or UGMA/UTMA Custodian

Date of Birth (mm/dd/yyyy)

Street address (No P.O. Boxes)

City

State

Zip

Daytime phone number

Evening phone number

Mailing address (if different from above)

City

State

Zip

Email address (Provide this information to receive electronic newsletters and other information.)

- Male Female
- U.S. Citizen/Resident Alien (*Nonresident aliens are not eligible to participate in the Plan.*)

B. Trusts, 501(c)(3), Partnerships and Corporations (check one):

- Trust (please include copies of the title and signature pages of the Trust Document)
- 501(c)(3) (please include copies of the ruling Determination Letter from the IRS)
- Partnership (please include copies of the Partnership papers)
- Corporation (please include copies of the Articles of Incorporation, certified by the Secretary of State or other government entity)

Name of Trust, 501(c)(3), Partnership or Corporation		Date of Trust (if applicable)
Social Security number /U.S. Taxpayer ID number	Daytime phone number	Email address
Street address (No P.O. Boxes)		
City	State	Zip

Country of Incorporation/Organization:

- United States (Entity must be incorporated/organized in the U.S. to be eligible to participate in the Plan.)

Trustee/Partner/Officer Information

Federal law requires that we obtain your name, street address, date of birth and taxpayer identification number prior to opening the account. This Trust, 501(c)(3), Partnership or Corporation entity account may have two authorized representatives.

Name of Trustee/Partner/Officer (first, middle initial, last)	Social Security number/U.S. Taxpayer ID number (Required)
Street address of Trustee/Partner/Officer (no P.O. Boxes)	Date of Birth (mm/dd/yyyy)
City	State
	Zip

To list additional Trustees/ Partners/Officers, attach a separate sheet.

2 | Designated Beneficiary Information

All information in this section is required to establish your account.

Designated Beneficiary's name (first, middle initial, last)	Social Security number
Street address	Date of Birth (mm/dd/yyyy)
City	State
Relationship to Account Owner	Zip

- Male Female
- U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)
- Check here if the address is the same as the Account Owner.

3 | Beneficiary's Expected College Enrollment Date and Designation of Sample Schools

Please provide your Beneficiary's Expected College Enrollment Year (e.g., 2021/2022)

Year

Year

If no Expected College Enrollment Year is provided, for illustrative purposes on your account statements we will use the later of: (a) the year in which your Beneficiary will attain age 18, or (b) three (3) years from the date of this purchase.

Please designate at least one and up to five Sample Schools to be used for illustrative purposes on your account statements. Please print the name of each Sample School and the U.S. state in which it is located, below. **Sample Schools must be on the list of Participating Institutions.** (See the *Schedule of Participating Institutions and Tuition Rates* or visit our website, privatecollege529.com.)

Name of School	State
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

4 | Successor Account Owner

All information in this section is required.

You must designate a Successor Account Owner, who must be at least 18 years old. In the event of your death or disability, ownership of all assets in the account will be transferred to the Successor Account Owner. A Successor Account Owner will assume all rights with respect to the account that you, as the account owner, now have. This designation overrides any previous designation(s).

Successor Account Owner's name (first, middle initial, last)

Relationship to Account Owner

Street address (No P.O. Boxes)

City

State

Zip

Date of Birth (mm/dd/yyyy) (if applicable)

Social Security number (Required)

Date of Trust (mm/dd/yyyy) (if applicable)

Daytime phone number

Evening phone number

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

The initial purchase can be made by check, Electronic Funds Transfer (EFT) or an Automatic Purchase Plan. The minimum initial purchase amount can be as little as \$25, if made by Automatic Purchase Plan. All purchases must total \$500 or more within two years of the initial purchase.

Your bank account will be debited approximately two business days prior to the date(s) you select.

- Check:** \$ _____
 Checks should be made payable to "Private College 529 Plan." Third party checks are subject to review. We do not accept money orders.
- One-time Electronic Funds Transfer** Automated Clearing House (ACH)—One-time electronic transfer from your bank account. Also complete banking instructions in Section 6.

 Amount: \$ _____
- Automatic Purchase Plan**—Scheduled, recurring purchases from your bank account. Also complete banking instructions in Section 6.

 Amount: \$ _____
 Frequency: Monthly Quarterly

 Timing: Purchase on the _____ day of the month. (If not provided, the purchase will occur on the 10th of the month.)
- Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account/Qualified U.S. Savings Bond**—Enclose a Private College 529 Change of Trustee/Rollover Form. You can obtain this form by calling **1.888.718.7878** or by downloading the form at **privatecollege529.com**.

6 | Bank Account Information

Bank account information is required to establish an automatic purchase plan or a transfer from/to your bank account.

Your bank account will be debited approximately two business days prior to the date(s) you select or the next business day following the weekend or holiday. Please allow 10 days to process debit(s) from your account. Please choose which type of account you will be debiting.

- Checking Savings

I authorize Invesco Advisers, Inc. (Invesco) to debit my bank account for purchases of certificates. I agree that Invesco is purchasing certificates voluntarily at my request and shall not be liable for any loss arising from any delay in processing or failure to process such purchases. I understand that this service does not constitute an offer to sell units of any portfolio.

If I change banks, I agree to notify Invesco promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or share balance or because either account has been closed, this service will be cancelled. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by Invesco or the plan at any time without notice and that all services described herein are subject to the terms of the applicable Disclosure Statement and Enrollment Agreement, which I acknowledge I have received and read. Please print and sign exactly as your name(s) appears on your plan account.

Attach Voided Check Sample Here.
Do Not Use Staples.

 Signature of Bank Account Owner

 Signature of Bank Account Owner

You must enclose a voided check or a preprinted savings slip for a savings account.

Select this option to sign up to receive any of the following documents via eDelivery.

(You will receive an email shortly to complete your eDelivery subscription.)¹

- Statements, Confirms and Plan documents
- Tax Forms
- Plan news and updates

Email address

1. eDelivery is available only if your name appears in your account registration. Your eDelivery enrollment applies to all 529 accounts you have now or may open in the future within the same Plan, using the same Social Security number, financial advisor (if applicable), and Account Owner name. You may revoke the consent of eDelivery and resume receiving paper documents via U.S. postal mail at any time.

8 | Registered Investment Adviser (optional)

You may request that Private College 529 Plan send copies of quarterly statements to your Registered Investment Adviser. Your adviser will not have the ability to place transactions or update account information.

Please enter your Registered Investment Adviser information below.

Name	Firm Name	
Street address (no P.O. Box)		
City	State	Zip
Phone number	Email address	

9 | Acknowledge and Consent

By signing below, I certify and acknowledge the following:

- The information contained in this form and in any required documentation is true, complete and correct. I have received, read and agree to the terms set forth in the Disclosure Statement and Enrollment Agreement. I agree that Private College 529 Plan may use this information to attempt to verify my identity. Private College 529 Plan is requesting a copy of the Articles of Incorporation, Partnership document, Trust agreement or other similar documents solely for the purpose of verifying the identity of the Account Owner as required by federal law. Private College 529 Plan is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents
- I, the Account Owner, am 18 years of age or older

PLEASE NOTE: Your 529 Plan units may be transferred to the appropriate state if no activity occurs, or if statements of your account activity prove undeliverable, within the time period specified by state law.

Signature (Individual Account Owner or UGMA/UTMA Custodian)	Date	
Signature (Authorized Representative for an Entity)	Title	Date
Signature (Authorized Representative for an Entity)	Title	Date

Mail initial deposits and future purchases to:

**Private College 529 Plan
P.O. Box 5268
Denver, CO 80217**

1. How did you hear about Private College 529 Plan? (you may select more than one)

- My alma mater
- Child's school
- Family/Friend
- Financial advisor
- Employer
- News story (Internet, TV, Radio, Publication)
- Website link. Please specify which site:

Other _____

2. What aspect(s) of Private College 529 Plan is/are most appealing to you? (you may select more than one)

- Ability to purchase and "lock in" a set amount of tuition
- Guarantee: Your purchase is guaranteed and not subject to changes in the financial markets
- The roster of participating private colleges and universities
- Ability to buy future tuition at today's prices
- Flexibility: You don't need to select a school until your child is ready to attend college
- Tax/Estate planning advantages
- Other _____

3. Did you attend college?

- Yes (Please print the name and state of the college you attended)

No

4. Indicate your education level

(select highest level completed)

- High school
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate

5. Are you saving for college in other ways aside from your Private College 529 Plan account?

- Yes No

If yes, how? (you may select more than one)

- UGMA/UTMA
- Other 529 savings plan
- Other state prepaid plan
- Savings account
- Other _____

6. Indicate your primary source of funding for this account.

- Employment earnings
- Gifts or inheritance
- Tax refunds or credits
- Other _____

Your name and address may be provided to institutions in the Plan for purposes of providing you information about their educational programs, unless you elect not to have your information disclosed for this purpose by checking the box below.

- I choose not to have my information disclosed to institutions for the purpose of receiving materials from them, even though none would be sent until my Beneficiary reaches high school age.

Private College 529 PlanSM is established and maintained by Tuition Plan Consortium, LLC. Invesco Distributors, Inc. is the program manager. Participation in the Plan does not guarantee admission to any college or university, nor does it affect the admissions process. Tuition Certificates are not insured or guaranteed by the FDIC, TPC, any governmental agency or Invesco Distributors, Inc. or its affiliates.

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