



## Authorized Representative, or Trustee, Information – 2

Authorized Representative Name (First, MI, Last, Suffix)																													
Title or Position																													
Social Security Number or Taxpayer Identification Number										Gender (M/F)										Date of Birth (mm-dd-yyyy)									
Contact Telephone Number																													

## 3 Beneficiary 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. Note: A Beneficiary must be named for all accounts, except for Qualified Scholarship Accounts opened by an IRC § 501(c)(3) that will name a Beneficiary in the future.

Name (First, MI, Last, Suffix)																													
Social Security Number or Taxpayer Identification Number										Gender (M/F)										Date of Birth (mm-dd-yyyy)									
<input type="checkbox"/> 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)																													

## 4 Initial Contribution

### To fund your MACS Account:

- Tell us how you will make the initial contribution.
- Select your Investment Option(s) and write the amount to be invested in each Option.
- For contribution of proceeds from rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond, please complete section 3c below and include the required documentation with your application.

**Questions?** Call 1-800-486-3670 for assistance.

#### a. Method of Contribution

- Check** (Minimum \$25 per Option)  
Make your check payable to the **Mississippi Affordable College Saving or MACS**, and include your check with this Account Application. Contributions are permitted by personal checks (excluding starter checks), bank drafts (excluding cashier's checks), teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to MACS by you, and third-party personal checks up to \$10,000 endorsed over to MACS.  
Checks must be drawn on a banking institution located in the United States and must be payable in U.S. dollars.
- Electronic Funds Transfer (EFT)** (Minimum \$25 per Option)  
Please provide your banking information in Section 4a of this form.
- Automatic Contribution Plan (ACP)** (Minimum \$25 per Option)  
Please complete Sections 4a and 4c to make regularly scheduled contributions to the Plan from your bank account.
- Rollover** (Minimum \$25 per Option)
- To rollover proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
  - To rollover the proceeds you received from a redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Provide the breakdown of cost basis and earnings in 3c AND a statement from the other 529 plan with this form.
- Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)** (Minimum \$25 per Option)  
Please provide the breakdown of cost basis and earnings in 3c below AND submit a statement with these amounts with this form.
- Proceeds from the redemption of a qualified U.S. savings bond** (Minimum \$25 per Option)  
Please provide the breakdown of cost basis and earnings in 3c below AND submit a Form 1099 with these amounts with this form.

**b. Select your Investment Option(s)**

Before selecting your Investment Option(s), be sure to read the *MACS Disclosure Booklet* for information about each Investment Option.

Deposit my Initial Contribution in:	Contribution Amounts <i>(See minimums below.)</i>								
Managed Allocation Option (Age-based)	\$				,			.	
Diversified Equity Option (1968)	\$				,			.	
Fixed Income Option (2823)	\$				,			.	
Guaranteed Option (1967)	\$				,			.	
<b>Total Contribution Amount</b>	<b>\$</b>				<b>,</b>			<b>.</b>	

**c. Provide your cost basis and earning breakdown for rollovers, a withdrawal from a Coverdell Education Savings Account or redemption of a qualified U.S. savings bond**

Cost Basis	\$				,			.	
Earnings	\$				,			.	
<b>Total Rollover Amount</b>	<b>\$</b>				<b>,</b>			<b>.</b>	

**Note:** Unless MACS receives an account statement from the distributing 529 plan or financial institution (or a Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your 529 plan rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as earnings and will be reported to the IRS as earnings when you make a withdrawal.

**5 Banking Information** *(optional, unless the Electronic Funds Transfer or Automatic Contribution Plan is selected in Section 4.)*

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected.

**a. Bank Account Verification**

You may submit a voided check or pre-printed deposit slip along with this form; otherwise the information provided below will be added to your account. A pre-notification will be sent to your bank and it may take up to ten days to initiate these options.

<b>Type of Account</b> <i>(check one):</i>		<input type="checkbox"/> Checking
		<input type="checkbox"/> Savings
<b>Account Number:</b>	<b>Routing Number:</b>	
<b>Name(s) on Account</b> <i>(The Custodian or Beneficiary name must appear on the bank account.)</i>		
<b>Bank Name:</b>	<b>Telephone Number:</b>	

**b. Electronic Purchase Option**

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

*I do NOT elect the Electronic Purchase Option.*

**c. 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 below.

✓ **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(s) in:	Contribution Amounts <i>(Minimum \$25 each)</i>								
Managed Allocation Option (Age based)	\$				,			.	<b>0 0</b>
Diversified Equity Option (1968)	\$				,			.	<b>0 0</b>
Fixed Income Option (2823)	\$				,			.	<b>0 0</b>
Guaranteed Option (1967)	\$				,			.	<b>0 0</b>
<b>Total Contribution Amount</b>	<b>\$</b>				<b>,</b>			<b>.</b>	<b>0 0</b>

✓ **Select the frequency of your contributions.**

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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✓ **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 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 type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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**6 Optional Information**

You are not required to complete this section to open a MACS Account.

**How did you hear about MACS?** (Check one or more.)

- |  |                                 |                                   |  |  |   |
|--|---------------------------------|-----------------------------------|--|--|---|
| <input 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 type="checkbox"/> Family/Friend | <input type="checkbox"/> Program Representative |

**What aspect of MACS is most appealing to you?** (Check one or more.)

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Professional money management |
|---|--------------------------------------|--|--|

**Would you like to receive TIAA-CREF materials unrelated to MACS?**

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to MACS.

**7 Signature and Certification** (An Authorized Representative must sign this section or this Account will not be opened.)

By signing below, I am agreeing to the terms and conditions set forth below and in the *Participation Agreement* (contained in the *Plan Disclosure Booklet*). I understand and agree that the terms of 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 on 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 have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*, and I understand that the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree that I will be subject to the terms of those documents as revised.
- If I am opening a trust account, I certify that the trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization Account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I agree to any electronic or telephonic functionality provided by MACS upon establishment of this account. If I have provided banking information in Section 5, I authorize MACS to debit my bank account and to deposit such funds into my Account. I further agree that neither MACS nor its agents will be liable for any loss, liability, cost or expense for acting upon either telephone instructions, or bank debit or credit instructions, except to the extent required by applicable law.

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Signature of Authorized Representative of Entity

Date

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

**Mail this form to:**

Mississippi Affordable College Savings  
P.O. Box 55037  
Boston, MA 02205-5037

## Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with your *Account Application* to open an Account.

These documents are required to establish the identity of the entity Account Owner.

Type of Entity	Documentary Evidence
<b>Corporation</b>	<ul style="list-style-type: none"> <li>▪ Certified Articles of Incorporation or a government issued business license.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>▪ Copy of the first and last pages of the Trust Instrument, and the Certificate of Incumbency</li> </ul>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>▪ Copy of the Partnership Agreement</li> </ul>
<b>Limited Liability Corporation (LLC)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the LLC Agreement</li> </ul>
<b>Estate</b>	<ul style="list-style-type: none"> <li>▪ Certified copy of the court order establishing the estate</li> </ul>
<b>Non-Profit Organization under IRC Section 501 (c) (3)</b>	<ul style="list-style-type: none"> <li>▪ Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).</li> </ul>

You may also be required to provide additional substantiation to open and transact business in this Account.

Please refer to the *List of Approved Documents for Substantiation by Entity Account Owners* on the following page.

## List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an entity Account Owner when opening a Program Account or when conducting a transaction for that Account. Such documentation must include the following:

- the legal status of the entity;
- authorization by the entity to open the Account or conduct the transaction; and
- authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The same document may provide substantiation of all three required elements.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Program.

1. A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
2. A certificate signed by the owner of a sole proprietorship;
3. A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
4. A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
5. A certificate signed by the chief executive officer of a state or local government agency;
6. A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
7. A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
8. A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
9. An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
10. If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Program administrator's designee for consideration. The Program administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
  - ***If judged authentic and complete***, the Program administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
  - ***If judged inauthentic or incomplete***, the Program administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

**Please retain a copy of this notice with your records.**