



Mississippi Affordable College Savings MACS Direct Program

Account Application for a Custodial Account
Use this form to open a Custodial Account (UGMA/UTMA)*
Questions? Call toll-free 1-800-486-3670
P.O. Box 55037, Boston, MA 02205-5037
Visit www.MS529.com

Instructions

- Before completing this form, read the *MACS Disclosure Booklet* and *Participation Agreement* (contained in the *Disclosure Booklet*).
- You may invest in as many Investment Option(s) as you want as long as you meet the minimum for each Investment Option.
- You must complete a separate *Account Application* for each Beneficiary.
- 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, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.

To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

1 Custodian Information *(You must provide all requested information.)*

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last, Suffix)

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

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

Contact Telephone Number

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Program.)

2 Minor (Beneficiary) Information *(You must provide all requested information.)*

The minor is the beneficiary and must be a U.S. citizen or resident alien, and must have a valid Social Security Number or Taxpayer Identification Number. You must provide a residential street address (no P.O. boxes) or this Account cannot be opened. You may establish only one Account for this Beneficiary in the Plan.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *MACS Disclosure Booklet* for more information.

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	\$,				.		
Total Rollover Amount	\$,				.		

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.

4 Banking Information *(optional, unless the Electronic Funds Transfer or Automatic Contribution Plan is selected in Section 3.)*

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.

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

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)	\$,				.	0	0
Diversified Equity Option (1968)	\$,				.	0	0
Fixed Income Option (2823)	\$,				.	0	0
Guaranteed Option (1967)	\$,				.	0	0
Total Contribution Amount	\$,				.	0	0

✓ **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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5 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 or Friend | <input type="checkbox"/> MACS 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 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 Program 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.

6 Signature and Certification *(The Custodian 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 *MACS 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 MACS 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 also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA).
- I have received, read and understand the *MACS Disclosure Booklet*, including the *Participation Agreement*, and I understand that MACS 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.
- I agree to any electronic or telephonic functionality provided by MACS upon establishment of this account. If I have provided banking information in Section 4, 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 Custodian

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