

- ▶ Read the **Disclosure Booklet and Participation Agreement** carefully before completing this form.
- ▶ Complete this form to open a new VHEIP account by an individual.
- ▶ Please complete a separate Account Enrollment Form for each beneficiary.
- ▶ Print clearly, in capital letters, with blue or black ink. **Return to VHEIP at the above address.**
- ▶ You can also enroll online at [www.vheip.org](http://www.vheip.org).
- ▶ **Questions?** Visit [www.vheip.org](http://www.vheip.org) or call us at **1-800-637-5860**.

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT**

Because we are required by Federal law to obtain, verify and record information that identifies each person who opens an account, we will be asking you to provide specific information about yourself. If you do not provide the required information or if we are unable to verify the requested information, we may not be able to open an account for you or effect any transactions for you.

**1. ACCOUNT OWNER INFORMATION (The individual who will open and control the account.)**

The Account Owner 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 to open an account. This may include parents, grandparents, or friends of the beneficiary, including the beneficiary.

<input style="width: 95%; height: 25px;" type="text"/> <b>Name</b> <i>(First, MI, Last, Suffix)</i>	<input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <b>Social Security Number or Taxpayer Identification Number</b>	<input style="width: 25px; height: 25px;" type="text"/>   <input style="width: 25px; height: 25px;" type="text"/>   <input style="width: 25px; height: 25px;" type="text"/> <b>Date of Birth</b> <i>(mm/dd/yyyy)</i>	
<input style="width: 95%; height: 25px;" type="text"/> <b>Permanent Address</b> <i>(This must be a street address; a PO Box cannot be accepted.)</i>	<input style="width: 95%; height: 25px;" type="text"/> <b>City</b>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <b>State</b>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <b>Zip Code</b>
<input style="width: 95%; height: 25px;" type="text"/> <b>Mailing Address</b> <i>(If different from above.)</i>	<input style="width: 95%; height: 25px;" type="text"/> <b>City</b>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <b>State</b>	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <b>Zip Code</b>
<input style="width: 95%; height: 25px;" type="text"/> <b>Country</b> <i>(If Mailing Address is a foreign address.)</i>	<input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <b>Primary Telephone</b>	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Land Line	<input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> - <input style="width: 25px; height: 25px;" type="text"/> <b>Alternate Telephone</b>
<input style="width: 95%; height: 25px;" type="text"/> <b>Email Address</b>	<b>Relationship to the Beneficiary:</b> <i>(Select one)</i>	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Friend	<input type="checkbox"/> Grandparent <input type="checkbox"/> Uncle/Aunt <input type="checkbox"/> Other

## 2. BENEFICIARY INFORMATION (The future college student for whom you are saving.)

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number.

<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>   <input type="text"/>   <input type="text"/>
Name (First, MI, Last, Suffix)	Social Security Number or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
Mailing Address	City	State Zip Code
<input type="text"/>		
Country		
(If Mailing Address is a foreign address.)		

## 3. CONTINGENT ACCOUNT OWNER INFORMATION (Optional. The individual who will take control of the account if something happens to you.)

The Contingent Account Owner must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. Any designation made here can be changed or revoked at a future date. When adding a Trust as a Contingent Account Owner, a copy of the first and last pages of the Trust Instrument must be submitted along with this form.

<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>   <input type="text"/>   <input type="text"/>
Name (First, MI, Last, Suffix) or Name of Trust (Foreign trusts are not eligible.)	Social Security Number or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>   <input type="text"/>   <input type="text"/>
Trustee Name if a Trust named above (First, MI, Last, Suffix)	Social Security Number or Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)

## 4. INVESTMENT PORTFOLIOS

Please select any one or combination of investment portfolios listed below. Before making a selection, please ensure you have read the **Disclosure Booklet and Participation Agreement**.

- ▶ Your total allocations must equal 100%.
- ▶ Use whole numbers; no fractions.
- ▶ Contributions will be invested according to the allocation instructions you establish.
- ▶ You may change allocations of future contributions at any time by logging into your account.

VHEIP Managed Allocation Portfolio (Age-Based)	<input type="text"/>	%
VHEIP Diversified Equity Portfolio	<input type="text"/>	%
VHEIP Equity Index Portfolio	<input type="text"/>	%
VHEIP Balanced Portfolio	<input type="text"/>	%
VHEIP Fixed Income Portfolio	<input type="text"/>	%
VHEIP Treasury Obligations Portfolio	<input type="text"/>	%
<hr/>		
Total Allocations	<input type="text" value="100"/>	%

## 5. CONTRIBUTION OPTIONS

Tell us how you would like to contribute to your account.

- ▶ The minimum contribution amount is \$25 per account (or \$15 per pay period for payroll deduction).
- ▶ You may contribute via any one or combination of contribution methods listed below. Please select all that apply.

**Initial Contribution Check**

Make check(s) payable to **Vermont Higher Education Investment Plan**. \$   
Amount

*Please note: Personal checks (excluding starter checks and cashier's checks), bank drafts, teller's checks and checks issued by a financial institution or brokerage firm payable to the account owner or beneficiary and endorsed over to the Plan by the account owner are permitted, as are third-party personal checks up to \$10,000 that are endorsed over to the Plan. Contributions by check must be drawn on a banking institution located in the United States and in U.S. dollars.*

**Contribution via Electronic Funds Transfer (EFT)** - you must provide information in **Section 6**

Make a one-time contribution now or in the future from your checking or savings accounts.

**Automatic Contribution Plan (ACP)** - you must provide information in **Section 6**

Set up recurring contributions to be deducted from your checking or savings account.

**Rollover or Transfer**

Specify the type of rollover from another Qualified Tuition Program (QTP) or from a Coverdell Education Savings Plan Account (Education IRA).

Select one:

**Direct Rollover.** You must complete a **Rollover of Funds Form** and send it attached to this Enrollment Form.

**Indirect Rollover.** Indicate the amount of your rollover below. You must enclose a check for this amount and documentation from the distributing financial institution detailing a breakdown of contributions and earnings. Indirect rollover funds must be received within 60 days of the date of withdrawal from the other program or account.

Contributions	Earnings	Total Indirect Rollover
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Amount	Amount	Amount

*Please note: Unless the Plan receives a statement or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.*

**Payroll Deduction**

You must complete a **Payroll Deduction Form** and send it attached to this Enrollment Form. Before selecting this option, please ensure your employer can send your contributions via Automated Clearing House (ACH).

## 6. BANK INFORMATION

Please provide the information below if you selected the Electronic Funds Transfer (EFT) or Automatic Contribution Plan (ACP) options above. This information is required. It may take up to 2-3 days to initiate these instructions.

**Contribution via Electronic Funds Transfer (EFT)**

If you selected this option in **Section 5**, please specify the one-time contribution amount to be deducted:

\$   
Amount (\$25 minimum)

**Automatic Contribution Plan (ACP)**

If you selected this option in **Section 5**, please specify the following:

▶ **Amount of your recurring contributions.**

\$

▶ **Frequency of your contributions.** Please select one.

Monthly     Quarterly     Yearly

▶ **Start Date.** Your bank account will be debited based on the frequency you selected above and on the day you specify below. If you do not specify a day, your automatic contributions will be deducted on the 5th of the applicable month(s).

|  |

(mm/dd/yyyy)

▶ **Annual Increase (optional).** You may increase the amount of your ACP contributions automatically on an annual basis by a percentage or a specific dollar amount. Your contributions will adjust each year based on the starting month of your ACP.

\$   
Annual Amount  
of Increase

OR

%  
Annual Percentage  
of increase

### Bank Information

*This information is required for the EFT and ACP options:*

Account Type:  Checking     Savings

Account Number

Routing Number

Bank Name

Name on Account

## 7. OPTIONAL INFORMATION

Tell us a little more about you. This section is not required to open an account.

### How did you hear about VHEIP?

- E-mail
- Employer
- Financial Advisor
- Family or Friend
- Mail
- Online
- Presentation or Event
- Radio
- Other \_\_\_\_\_

### What is your approximate family income?

- Up to \$75,000
- \$75,001 - \$150,000
- Over \$150,000
- Prefer not to answer

### What is the highest level of education you have completed?

- High school
- Some college
- Associates Degree or Certificate Program
- Bachelor's Degree
- Graduate or Professional Degree
- Prefer not to answer

## 8. SIGNATURE & CERTIFICATION

By signing below, I am agreeing to the terms and conditions set forth below and in the **Disclosure Booklet and Participation Agreement**. I understand and agree that these documents govern all aspects of this account and are incorporated herein by reference.

- ▶ I certify that all of the information provided by me on this Account Enrollment Form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to open this account based upon this information.
- ▶ I understand that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s).
- ▶ I have received, read and understand the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- ▶ If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another QTP or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- ▶ If I have provided banking information in Section 6, I authorize the Vermont Higher Education Investment Plan (VHEIP) to debit my bank account and to deposit such funds into my VHEIP account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither VHEIP nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date

### Mail this form to:

Vermont Higher Education  
Investment Plan (VHEIP)  
Managed by Intuition  
College Savings Solutions  
PO Box 44002  
Jacksonville, FL 32231-4002

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.

  
Vermont's 529  
college savings plan

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