



Instructions

- Read the *Disclosure Booklet for an Individual Account* (contained in the *Disclosure Booklet*) carefully before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Plan, even if you have not opened that option through this form.
- You must complete a separate *Account Application* for each Beneficiary. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting www.mnsaves.org and clicking on *Account Forms*.
- Print in capital letters with blue or black ink, sign and date the 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, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

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

The Account Owner must reside in the United States and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

J O H N A S A M P L E

Name (First, MI, Last, Suffix)

1 2 5 M A I N S T R E E T

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

A N Y T O W N M N 1 2 3 4 5

City, State, Zip

Mailing Address, if different from the above address

City, State, Zip

0 1 2 - 3 4 - 5 6 7 8

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 1 - 1 5 - 1 9 6 5

Date of Birth (month/day/year)

6 1 2 - 5 5 5 - 1 2 3 4

Home Telephone Number

6 1 2 - 5 5 5 - 5 6 7 8

Business Telephone Number

F A T H E R

Relationship to Beneficiary (optional)

J S A M P L E @ C A B L E . N E T

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

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

The Beneficiary must be a person, who may reside outside the United States, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6

Social Security Number or Taxpayer Identification Number

M

Gender (M/F)

0 6 - 3 0 - 2 0 0 1

Date of Birth (mm-dd-yyyy)

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)

Contribution Amount	\$			1	,	5	0	0	.	0	0
Earnings Amount	\$,	5	0	0	.	0	0
Total Indirect Rollover Amount	\$			2	,	0	0	0	.	0	0

Automatic Contribution Plan (ACP)

(Minimum \$25 per investment option)

Indicate the amount of your initial and/or subsequent Automatic Contribution Plan (ACP) contribution, which will automatically be transferred from your bank account into the Plan. Provide your banking information in Section 5 of this form.

Payroll Deduction

(Minimum \$15 per Investment Option)

You may open your account through payroll deduction only if your employer offers payroll deduction and you submit the appropriate Payroll Deduction Form along with this Account Application.

Note: This option is only available if your employer agrees to offer payroll deduction and is able to make contributions by Automated Clearing House Funds (ACH). If your employer cannot make contribution via ACH, you may want to consider establishing an Automatic Contribution Plan (ACP) to make recurring payments directly from your bank account.

5 Banking Information

Provide banking information here if you chose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or if you elect to make subsequent contributions through the Electronic Purchase Option or the Automatic Contribution Plan (ACP). Separate withdrawals from your bank account will be made for each Investment Option you have selected. It may take up to ten days to initiate these options.

Type of Account (check one):		<input checked="" type="checkbox"/> Checking
		<input type="checkbox"/> Savings
Account Number:	Routing Number:	
012-987654	0123456789	
Name(s) on Account (The Account Owner's name must appear on the bank account.)		
John A Sample and Mary J Sample		
Bank Name:	Telephone Number:	
Citizens Savings	612-555-3952	

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above if you check this box.

Yes, I elect the Electronic Purchase Option.

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 here.

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 in:	ACP Contribution Amounts (\$25 minimum per Option)	
Managed Allocation Option	\$, 3 0 0 . 0 0
100% Equity Option (1918)	\$, 1 0 0 . 0 0
Balanced Option (2300)	\$, . 0 0
100% Fixed Income Option (2301)	\$, . 0 0
Money Market Option (2302)	\$, . 0 0
Guaranteed Option (1917)	\$, 1 0 0 . 0 0
Total Contribution Amount	\$, 5 0 0 . 0 0

Select the frequency of your contributions.

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

<input type="checkbox"/> Bi-weekly	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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Attach your pre-printed voided bank check, or pre-printed deposit slip here, to help the Plan obtain your proper bank account information.

6 Optional Information

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the Plan. See *Notice of TIAA-CREF Privacy Policy* and *Notice of Privacy Policy for the Minnesota College Savings Plan* in the *Disclosure Booklet*.

How did you hear about the Minnesota College Savings Plan? (Check one or more.)

- Direct Mail E-mail Employer TIAA-CREF Web site Colleague Other
 Television Commercial Radio Print Ad Financial Advisor Family/Friend Plan Representative

What is your total family income?

- Less than \$25,000 \$25,001 - \$50,000 \$50,001 - \$75,000 \$75,001 - \$100,000
 \$100,001 - \$150,000 \$150,001 - \$200,000 Over \$200,000

What aspect of the Minnesota College Savings Plan is most appealing to you? (Check one or more.)

- Tax advantages Flexibility Estate planning Professional money management

Would you like to receive TIAA-CREF materials unrelated to the Minnesota College Savings Plan?

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

7 Signature and Certification (You must sign this section or this Account will not be opened.)

By signing below, I am agreeing to terms and conditions set forth below and in the *Participation Agreement for Accounts Owned by Individuals* (the "*Participation Agreement*") contained in the *Disclosure Booklet*. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- I certify 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.
- If I have enclosed a check for an indirect rollover, I also certify this amount was withdrawn from another Qualified Tuition Program or Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and I have not previously made a rollover for the same Beneficiary within the last 12 months.
- If I have provided Banking Information in Section 5, I authorize the *Minnesota College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree neither the *Minnesota College Savings Plan* 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.
- I understand the Plan may from time to time amend the *Participation Agreement* and the *Disclosure Booklet* and I understand and agree I will be subject to the terms of those amendments.
- I have received, read and understand the *Disclosure Booklet*, including the *Participation Agreement*.

John A Sample

November 1, 2007

Signature of Account Owner

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:

Overnight Mail

Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134



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