

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.

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

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This amount will automatically be withdrawn from your bank account on the frequency you indicate below.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	\$,		. 0 0
100% Equity Option (1918)	\$,		. 0 0
Balanced Option (2300)	\$,		. 0 0
100% Fixed Income Option (2301)	\$,		. 0 0
Money Market Option (2302)	\$,		. 0 0
Guaranteed Option (1917)	\$,		. 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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**Attach your pre-printed voided bank check, or
pre-printed deposit slip here, to help the Plan obtain your
proper bank account information.**

5 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.)

- | | | | | | |
|---|---------------------------------|-----------------------------------|--|--|---|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF
Web site | <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"/> Plan
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 Minnesota College Savings Plan 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 the Minnesota College Savings Plan?

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

6 Signature and Certification (The Custodian, or Trustee, 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* 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.
- I also certify 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), or under a Trust naming a minor as the beneficiary, which may substantially restricts the use of Trust assets.
- If I am opening an Account in the Plan pursuant to a Trust instrument that names the minor as the Trust beneficiary and designates me as one of the Trustees, I certify the Trust continues to be in effect and that the named trustees have not been replaced.
- 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 that I have not previously made a rollover for the same Beneficiary within the last 12 months.
- If I have provided Banking Information in Section 4, 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 that 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*.

Signature of Custodian or Trustee

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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Important Information about Minor Trust Accounts

Laws governing the establishment of Minor Trust Accounts, including the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act (UGMA/UTMA), restrict certain transactions that are available to other types of Accounts in the Plan.

In addition, a trustee of a Trust naming a minor as the beneficiary who opens a Minor Trust Account in the Plan will be subject to all of the same restrictions as a custodian of an UGMA/UTMA. This action is highly unusual and may substantially restrict the use of Trust assets. The trustee of a Trust naming a minor as the beneficiary must also provide a copy of the first and last pages of the Trust document and certification of incumbency along with this *Account Application* before a Minor Trust Account may be opened in the Plan.

Please read the following information carefully and consult a trust attorney or other qualified expert before investing funds in a Minor Trust Account.

Who can open an UGMA/UTMA type of Account in the Plan?

Any custodian of an irrevocable gift to a minor beneficiary under the Uniform Gifts to Minors Act or Uniform Transfer to Minors Act can open an UGMA/UTMA type of Account, which will be referred to as a Minor Trust Account in the Plan.

Who owns the funds in this type of UGMA/UTMA Account in the Plan?

The minor, or Beneficiary, owns all funds in the Account and the custodian, or Account Owner, controls the Account until the minor reaches the age of majority. The custodian can withdraw funds only for the benefit of the Beneficiary. Using the funds to pay for Qualified Higher Educational Expenses of the Beneficiary is appropriate. Once the Beneficiary reaches the age of majority, and upon notification to the Plan Manager and execution of an *Account Application for an Individual Account*, the Beneficiary will become the Account Owner and have full control of the Account.

Can I rollover funds from an existing UGMA/UTMA investment outside the Plan?

You cannot "rollover" UGMA/UTMA funds. You must first withdraw funds from an existing UGMA/UTMA investment, and then invest the proceeds into a Minor Trust Account in the Plan. You should consult your tax advisor regarding any tax or penalty consequences of withdrawing the funds from its existing investment.

Upon receipt, funds will be deposited into a Minor Trust Account as a contribution. Withdrawals will not be subject to federal tax if they are used for Qualified Higher Educational Expenses after the Account has been established. (See the *Disclosure Booklet* for more information.)

What rules and restrictions are placed on an UGMA/UTMA account invested in a Minor Trust Account in the Plan?

- The Account Owner, or Custodian, cannot be changed to anyone other than a successor custodian or the Beneficiary without a court order directing the change.
- A Contingent Account Owner cannot be designated for the Account in the event of the death of the Account Owner.
- The Beneficiary cannot be changed nor can funds be transferred or rolled over to another Account Owner or Beneficiary.
- Non-qualified withdrawals and withdrawals due to the Beneficiary's disability, scholarship award, or attendance at a United States Military Academy, must be used for the benefit of the Beneficiary.
- Although the Custodian is the Account Owner, he/she signs all forms and requests in a representative capacity.
- The Custodian will be required to notify the Plan when the Beneficiary is legally entitled to take control of the Account and become the registered Account Owner.

Do all of the above rules and restrictions on an UGMA/UTMA investment in a Minor Trust Account apply to investment in the Plan by a trustee of a Trust that names a minor as the Trust beneficiary?

Yes. A trustee of a Trust that names a minor as the Trust beneficiary must comply with the rules and restrictions itemized above.

Consult your tax advisor or other qualified expert about the legal and tax consequences of opening a Minor Trust Account before opening an Account in the Plan.



Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that the Minnesota College Savings Plan (the “Plan”) has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary’s Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary’s Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary’s Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary’s identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

Mail this form to:

Regular Mail

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

Overnight Mail

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



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