

# NEW ACCOUNT AGREEMENT

**✓ USE THIS FORM TO:**

- Open an Account in the UA College Savings Plan.
- 🖥️ Visit [UACollegeSavings.com](http://UACollegeSavings.com) to open an Account online.
- 📞 Call 866-277-1005 to open an Account by phone.
- ✂️ This paper clip indicates you may need to attach documentation.

**RETURN THIS FORM TO:**

UA College Savings Plan  
P.O. Box 17302  
Baltimore, MD 21297-1302

**EXPRESS MAIL ONLY:**

UA College Savings Plan  
Mail Code 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

## 1 ACCOUNT HOLDER

**Account Holder (generally a parent or guardian).** The Account Holder is typically the only person authorized to act on the Account.

Name*		Citizenship:* <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number*	Date of Birth (mm/dd/yyyy)*		
Residential Address (cannot be a P.O. box)*			
City*	State*	ZIP Code*	
Day Phone	Evening Phone		
Email Address			
Mailing Address (if different from residential)			
City	State	ZIP Code	

An Account established with a trust, corporation, or other entity as the Account Holder requires the following:

- For a trust, attach a copy of the trust agreement pages with the trust name and date, the trustee(s) name(s), and the signature page. ✂️
- For a corporation or other entity, attach a copy of the corporate resolution, bylaws, charter, or other document that lists the person(s) authorized to act on behalf of the organization or other entity. ✂️

**Go Paperless.** Going paperless means statements and confirmations are available online for your convenience.

Check here, and we will send an email with details about completing the set up process online.

**Duplicate Statements and Confirmations.** To have duplicate statements and confirmations mailed to someone other than the person listed in Section 1, please provide mailing information below. To request only one option, check the appropriate box:

- Quarterly statements only  Transaction confirmations only

Name		
Address		
City	State	ZIP Code

## 2 BENEFICIARY INFORMATION

Complete a separate form for each Beneficiary (future student).

Name*		Citizenship:* <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number*	Date of Birth (mm/dd/yyyy)*		
Address* <input type="checkbox"/> If same as Account Holder, check this box and skip address.			
City*	State*	ZIP Code*	

## 3 CUSTODIAN OR TRUSTEE

A trustee is required if the Account Holder is a trust. A Custodian is required if (1) the Account Holder is a minor or (2) the Account is being funded with the proceeds from an UGMA/UTMA. Statements will be mailed to the Custodian or trustee address.

Check if the Account is funded with proceeds from a UGMA/UTMA.

Name*		Citizenship:* <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number*	Date of Birth (mm/dd/yyyy)*		
Residential Address (cannot be a P.O. box)* <input type="checkbox"/> If same as Account Holder, check this box and skip address.			
City*	State*	ZIP Code*	
Day Phone	Evening Phone		
Email Address			
Mailing Address (if different from residential)			
City	State	ZIP Code	

If the Account Holder is a trust and there are multiple trustees, provide the additional trustee information on a [separate page](#). ✂️

**\*NOTE:** Required to establish the account.



## 4 PORTFOLIO SELECTION


The minimum initial contribution is \$250 per portfolio if you chose payment by check. To choose your portfolio, refer to the Plan Disclosure Document.

**NOTE:** If no portfolio is provided, an enrollment-based portfolio will be chosen for you based on the Beneficiary's age and expected college entry date. However, if no portfolio is selected and the Account is funded through the Permanent Fund Dividend (PFD), the ACT Portfolio will be chosen.

Portfolio Name	Initial Contribution
	\$
	\$
	\$
Total	\$

## 5 BANK INFORMATION

Complete this section to have electronic funds transfer (EFT) service. This service allows you to move money between your bank account and your 529 Account(s) quickly and easily. Allow up to 10 days for initial setup. EFTs occur when you initiate them.

 **Enclose a voided check or letter from the bank on bank letterhead, which provides the name(s) on the account, the routing number, and the account number.** We cannot accept starter checks.

- Checking account **or**  Savings account  
 Instead of submitting a separate check, use the bank information from the enclosed check to make future contributions to the account.

Provide signature in Section 9B, if applicable.

## 6 SUCCESSOR (OPTIONAL)

Not applicable for trust or entity Account Holders. If the Account is not a Custodial Account, you may name a successor Account Holder to take control of the Account if the Account Holder dies or becomes legally incapacitated. If the Account is a Custodial Account, you may name a successor Custodian to take control of the Account if the current Custodian dies or is declared legally incompetent prior to the Account Holder reaching the applicable age of majority.

**Check one:**  Successor Account Holder  Successor Custodian

Name	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Social Security Number	Date of Birth (mm/dd/yyyy)	

## 7 ACCOUNT PRIVILEGES (OPTIONAL)

Name a person who can contact us to discuss and/or transact on your account(s). Note: This person will be permitted to receive account information over the phone, request a change to an existing Automatic Monthly Contribution (AMC), request contributions, or request an exchange between Investment Options. The party named will have account privileges on all identically registered accounts unless you attach specific instructions.

Name		
Address		
City	State	ZIP Code

- Third-Party Statements.** Send copies of my quarterly statements to the name and address above.


**Note:** If the party to receive Account Privileges does not sign in the box below, we will be unable to add this feature to your account(s).

### SIGNATURE AND DATE REQUIRED

Account Privileges Party	Date (mm/dd/yyyy)
<b>X</b>	

## 8 FUNDING METHOD

**Check all that apply:**

- Check made payable to UA College Savings Plan.** \$
- Alaska Permanent Fund Dividend (PFD).** Check the UA College Savings Plan box on the PFD application to contribute one-half of your and/or your child's PFD to have the funds contributed to this new Account.
- Alaska Native Corporation.** Check with your Native Corporation, if applicable.
- Direct rollover** from another College Savings Plan (529 Plan). Enclose a Rollover form. 
- Indirect rollover** of a distribution from a Coverdell Education Savings Account, qualified U.S. savings bonds, or another 529 Plan within the last 60 days.

Earnings*	\$
Principal*	\$
Total Rollover	\$

**\*NOTE:** You must provide the earnings applicable to the rollover and the principal. If left blank, the entire contribution will be treated as earnings for tax purposes in accordance with IRS requirements.

- Automatic Monthly Contribution (AMC).** This service allows you to automatically contribute via a bank account to the Account(s) listed below. Bank account must be provided in Section 5. There is a \$25 minimum per portfolio.

Portfolio Name	Amount:* \$	Day(s):**	&
Portfolio Name	Amount:* \$	Day(s):**	&
Portfolio Name	Amount:* \$	Day(s):**	&

**\*NOTE:** This amount should reflect how much to contribute per Account(s) every month for each date indicated.

**\*\*NOTE:** If blank, defaults to the first business day of the month. If the date(s) selected falls on a day when the New York Stock Exchange is closed for trading (for example, weekends and certain U.S. national holidays) the AMC will occur on the next available business day.



**Payroll deduction. Payroll deduction dates are determined by your employer.**

- If your employer is enrolled in the Payroll Deduction Option, complete the *Employee Payroll Deduction* form.
- We will mail you instructions for your employer. There is a \$25 minimum per month. For federal government paychecks or pensions, include a completed Form 1199A, which can be obtained by your employer.

**9 SIGNATURE(S)**

**9A ACCOUNT HOLDER (OR CUSTODIAN/TRUSTEE, IF APPLICABLE)**

**By signing this Account Agreement (Agreement), I understand and hereby certify that:**

- I am applying for an Account under the Plan and consent and agree to all the terms and conditions of the Plan Disclosure Document, including all Fees and expenses, the Declaration of Trust, and the UA College Savings Plan. I acknowledge and agree that the Account Agreement and incorporated documents will govern all aspects of my participation in the Plan. I understand that I may obtain a copy of the Declaration and incorporated documents, or the Plan Disclosure Document, by calling a customer service representative. I further acknowledge that the Account Agreement shall be construed, governed, and interpreted in accordance with the laws of the state of Alaska.
- The information in this Agreement is accurate, and I agree to hold harmless the Trust, T. Rowe Price, and the University of Alaska for any losses arising out of any misrepresentations made by me or breach of acknowledgments contained in this Agreement, as described in Section 6.15 of the Declaration.
- I agree that computer/phone exchange and distribution services will be activated automatically when my account is opened. If I do not want these services, I will contact T. Rowe Price to terminate these services.
- The Alaska College Savings Act requires that the name, address, and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be disclosed by the Trust or T. Rowe Price to other persons except as specified in the Declaration, such as in connection with servicing or maintaining my Account; as may be permitted or required by law (e.g., USA PATRIOT Act); or in accordance with my written consent. I hereby authorize the Trust and T. Rowe Price to disclose such information in accordance with the privacy policy of the Trust, as may be amended from time to time, including disclosure to regulatory agencies and authorized auditors and compliance personnel for regulatory, audit, or compliance purposes and to third parties for performance of administrative and marketing services related to the Plan or the University of Alaska. The University of Alaska, the Trust, and T. Rowe Price and its affiliates may in the future alert me to other University, savings, or investment programs. I understand that I may contact T. Rowe Price if I do not wish to receive such information.
- If I am executing this Agreement on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.
- If I requested a Beneficiary change, the new Beneficiary is a Family Member (as defined in the Plan Disclosure Document) of the current Beneficiary. It is my responsibility to maintain accurate records as may be required to substantiate this change of Beneficiary.
- If I am funding this Account with proceeds from a 529 plan account originally funded from an UGMA/UTMA account, the Beneficiary and Account Holder identified in this Agreement are the same as the minor on the original UGMA/UTMA account. If I am funding this Account from a prior 529 distribution for the same Beneficiary, there have been no other rollovers for the same Beneficiary in the previous 12 months. Any contributions to this Account that are rollovers from a Coverdell Education Savings Account, a qualified U.S. savings bond, or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information will be provided.
- By completing this Agreement, I waive any present or future right to

- request a refund of any contribution made through the Alaska PFD.
- I understand that it is the Plan's policy to send only one copy of the Plan Disclosure Document for all Account Holders residing at the same address. I also understand that this applies to all existing Accounts and any Accounts I may open in the future. I consent to this policy and understand that I do not need to take action. If I do not consent, I will call T. Rowe Price after my Account is opened.
- I authorize T. Rowe Price, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any service authorized in this Agreement, including phone and computer services. T. Rowe Price and the Trust use procedures designed to verify the authenticity of the Account Holder or Custodian and anyone who has been granted privileges for my Account(s). If these procedures are followed, T. Rowe Price and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account(s) via phone or computer.
- By adding bank information, I hereby authorize T. Rowe Price to initiate debit entries to the account at the financial institution indicated and for the financial institution to debit such account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a credit or debit to the financial institution account and/or my Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by phone or in writing and T. Rowe Price has had sufficient time to act on it.

By having the Plan accept delivery of this Agreement, executed by me and in good order, the Trust acknowledges acceptance of the Agreement, binding the Trust and me, in accordance with its terms.

**SIGNATURE AND DATE REQUIRED**

Account Holder, Custodian (if Account Holder is a minor), or Trustee	Date (mm/dd/yyyy)
<b>X</b>	
Print Name	

If the Account Holder is a trust, corporation, or other entity and there is more than one trustee or authorized person, the additional trustee(s) or authorized person(s) must sign here.

Co-trustee or Authorized Person	Date (mm/dd/yyyy)
<b>X</b>	
Print Name	

**9B BANK ACCOUNT OWNER SIGNATURE (IF APPLICABLE)**

If a bank account owner is not the Account Holder or Custodian, the bank account owner must sign here to authorize adding the bank information.

**SIGNATURE AND DATE REQUIRED**

Bank Account Owner	Date (mm/dd/yyyy)
<b>X</b>	

