

## Pennsylvania 529 Guaranteed Savings Plan Enrollment Form



- Please complete this form if you would like to establish a new Pennsylvania 529 Guaranteed Savings Plan (GSP) Account.
- GSP accounts are limited to Account Owners and/or Beneficiaries who are residents of Pennsylvania.
- For additional information, call toll free **1.800.440.4000** (Monday through Friday, 8 a.m. to 6 p.m., ET).

Send this completed form to:

**Pennsylvania 529 Guaranteed Savings Plan  
Processing Center  
P.O. Box 55463  
Boston, MA 02205-8114**

For overnight delivery or registered mail, send the completed form to:

**Pennsylvania 529 Guaranteed Savings Plan  
Processing Center  
95 Wells Avenue, Suite 160  
Newton, MA 02459**





## 2 Beneficiary Information

The Beneficiary is the person whose education expenses may be paid from the account.

Name of Beneficiary (first, middle initial, last)

--

Social Security Number or Taxpayer Identification Number

--

Birth Date (month, day, year)

Address

City

State

Zip

--

Telephone Number

PA Resident (select one):

Yes, County of Residence is

No

Relationship to Account Owner (select one):

Child  Grandchild  Other (Specify)

--

Projected Date of College Enrollment (month, day, year)

If you do not specify the Beneficiary's projected date of College Enrollment, the GSP will deem the Projected Date of College Enrollment to be the August immediately after the date the Beneficiary reaches 18 years of age.

## 3 Tuition and Residency Levels

The selection of a Tuition and Residency Level is required. For an explanation of Tuition Levels, see the GSP Disclosure Statement. If you do not specify a Tuition Level, the State System of Higher Education Average Tuition Level, State Resident Rate will be designated. For any Tuition Level except Ivy League or Private Four-Year School average you must also specify whether you wish to save at state resident rates or out-of-state resident rates. If you do not specify, in-state resident rates will be designated. For Community Colleges, you must specify whether you wish to save at in-district or out-of-district rates. If you do not specify, in-district rates will be designated. You may change your designation at any time.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> State-Related University Average (Institution Code 12999)         | <input type="checkbox"/> State Resident Rate | <input type="checkbox"/> Out-of-State Rate    |
| <input type="checkbox"/> State System of Higher Education Average (Institution Code 11999) | <input type="checkbox"/> State Resident Rate | <input type="checkbox"/> Out-of-State Rate    |
| <input type="checkbox"/> Community College Average (Institution Code 14999)                | <input type="checkbox"/> In-District Rate    | <input type="checkbox"/> Out-of-District Rate |
| <input type="checkbox"/> Ivy League School Average (Institution Code 21999)                |  |   |
| <input type="checkbox"/> Private Four-Year College Average (Institution Code 22999)        |  |   |
| <input type="checkbox"/> Specific School   |  |   |

You must specify the school for this election. Please see the GSP Credit Rate Schedule for the complete list of available schools. If you do not specify the school, the State System of Higher Education Average Tuition Level, State Resident Rate will automatically be used.

If selecting a specific school you must provide the following:

Name of School

Institution Code

- State Resident/In-District Rate  Out-of-District (Community College)  Non-Resident

**4a Successor Owner (optional)**

You may designate a Successor Owner who will become the owner of the account in the event of the Account Owner's death or incapacity. Upon the occurrence of such an event, the Successor Owner will have all rights with respect to the account that the Account Owner had. The Successor Owner may not be the same as the Account Owner. The validity of your designation may depend on applicable state law.

Name of Successor Owner (first, middle initial, last)

--

Social Security Number or Taxpayer Identification Number

--

Birth Date (month, day, year)

Address

City

State

Zip

--

Daytime Telephone Number

--

Evening Telephone Number

PA Resident (select one):

Yes, County of Residence is

No

E-mail Address

**Note:** You may designate a Successor Owner at a later date by submitting the Services for Your Account Form.

**4b Interested Party Access (optional)**

You may grant other individuals access to information about your GSP account. To do so, please complete the following information.

**Those designated will only have access to account information; they will not be able to direct any action regarding your account.**

Those designated will be asked to provide the 4-digit PIN number you list below to be granted access to the information.

**Note:** A spouse or Successor Owner will not be given any information about your account unless they are listed here.

Name (first, middle initial, last)

Relationship to Account Owner

PIN

Name (first, middle initial, last)

Relationship to Account Owner

PIN

Name (first, middle initial, last)

Relationship to Account Owner

PIN

## 5 SAGE Scholars *(optional)*

If you or your beneficiary is a Pennsylvania resident, you may opt to participate, at no cost, in the SAGE Scholars College Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. The discount earned is 1.25% of the Direct Plan account value at the end of each calendar quarter, which accumulates until the beneficiary's 17th birthday. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$10,800 and \$33,150 (*spread evenly over four years of college*).

By enrolling you will receive \$250 in SAGE Scholars Tuition Rewards discounts. Visit [www.sagescholars.com](http://www.sagescholars.com) to learn more.

I wish to enroll in the SAGE Scholars Program

## 6 Enrollment Fee

To open your GSP Account, you must enclose a non-refundable one-time enrollment fee (unless waived). Please indicate the enrollment fee you are enclosing.

Enrollment Fee (*select one*):

- \$50 Normal Fee
- \$25 Discounted Fee with coupon
- \$0 Fee for newborns (*within six months of birth*), newly adopted children (*within six months of adoption*), and accounts opened through the Family Savings Act Program.
- Other If you have a coupon entitling you to a reduced enrollment fee, check this line and enter the amount of your fee:  
\$    .

## 7 Initial Contribution

To open your GSP account, you must also enclose an initial contribution of at least \$25. Please indicate the initial contribution you are enclosing.

An initial contribution of \$    ,    .   is enclosed. Please check any of the following that are applicable to your initial contribution.

- This contribution is a rollover from another Qualified Tuition Program, a transfer from a Coverdell Education Savings Account (formerly an Education IRA), or U.S. Savings Bonds. In order to preserve your federal tax advantages on this contribution, please complete the separate Incoming Rollover Form available by calling 1-800-440-4000 or online at [www.pa529gsp.com](http://www.pa529gsp.com).
- This contribution is from cash proceeds from the sale of assets held in a Uniform Gift to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) custodial account for the benefit of the Beneficiary indicated in Section 2 of this Account Application. I understand that I will have control of this Account in my capacity as an UGMA/UTMA custodian for that Beneficiary, and that this means I will not be able to change the Beneficiary of the Account or authorize any distribution from the Account unless the distribution is for use permitted under the law governing the UGMA/UTMA custodial account from which the assets used for this contribution were taken.

**UGMA/UTMA Account.** I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I understand that this may be a taxable event.

Indicate the state in which the UGMA/UTMA custodial account was opened.

Checks should be made payable to "GSP" and must be enclosed and mailed with the enrollment form in the envelope provided.

## 8 Automatic Contribution Options *(optional)*

Many Account Owners find that setting up automatic contributions makes saving much easier. If you wish to take advantage of automatic saving, the GSP offers two options: electronic deductions from your bank account (*known as Automated Clearing House or ACH contributions*); or after-tax deductions from your paycheck.

### Automatic Bank Account Contributions (ACH)

Please transfer money from my bank account, and deposit these funds into the GSP as indicated below. Please indicate the amount you would like to transfer each time.

#### Please fill out Bank Account Information below.

The first withdrawal date must be between one and two months from today's date.

Amount to be transferred to GSP \$  ,  .  (*transfers must total at least \$25 per month*)

Frequency of transfer (if you do not specify a frequency we will assume monthly automatic contributions):

- WEEKLY—every Friday (*minimum of \$5.77*)
- MONTHLY—1st of each month (*minimum of \$25.00*)
- BI-WEEKLY—every other Friday (*minimum of \$11.54*)
- SEMI-MONTHLY—1st and 15th of each month (*minimum of \$12.50*)

**Note:** While we cannot guarantee that your bank will accept this request, we will submit it. You should check to see if your bank charges an additional fee for this service.

**8** Continued from page 6

**Bank Account Information**

Please attach a preprinted, voided check or a preprinted deposit slip to this application. Our electronic transfers are provided through the Automated Clearing House (ACH) System and normally take two to four business days. We suggest that you confirm your bank's ability to accept these transactions and inquire about any bank fees.

Bank Account Registration *(the name of the bank Account Owner, exactly as it appears on your bank account)*

Bank Name

Account Type: *(Check one)*     Checking     Savings

Bank Routing Number

Bank Account Number

Signature of Account Owner

Date *(month, day, year)*

**Signature Guarantee — IF APPLICABLE**

Signature Guarantee

Signature of Guarantor

Title

Name of Institution

Date *(month, day, year)*

*Authorized Officer to Place Stamp Here*

For your protection and the protection of the bank Account Owner, a Signature Guarantee of the bank Account Owner is required if the name on your GSP is different than the name on the bank account from which deposits are being withdrawn. A Signature Guarantee can be obtained from the bank where the account is maintained. Please note that notarizations by a notary public are NOT acceptable.

**Contributions through Payroll Deduction**

The Payroll Deduction Form will be included in your Welcome Kit. Take the form to your Human Resources office to determine if they will permit payroll deductions for the GSP. If so, complete the form as directed. If your employer has any questions about allowing payroll deduction, please have him or her call a GSP representative. *(If you are a Commonwealth of Pennsylvania employee and wish to have deductions into your GSP account, consult your Human Resources office.)*

## 9 Certifications

- A. By signing this application, I represent that (check all that apply):
- (I) I am a resident of the Commonwealth of Pennsylvania, and/or
- (II) the Beneficiary I have designated is a resident of the Commonwealth of Pennsylvania, as defined in the GSP Disclosure Statement.
- B. I represent that I have read and understood the GSP Disclosure Statement and the GSP Contract included in such Disclosure Statement. I also agree that my GSP Account is subject to the terms and conditions set forth in the GSP Disclosure Statement GSP Contract, as may be amended, and agree to be bound by those terms and conditions. I also agree that my GSP account is subject to all statutory, administrative, and operating procedures as may be amended.
- C. If I have designated a Successor Owner, by completing, signing and submitting the enrollment form, I am agreeing that to the extent permitted by law, the named Successor Owner will become the Account Owner in the event of my death or incapacity, that the named Successor Owner meets all the requirements for being a Successor Owner as specified in the GSP Disclosure Statement. I certify that I have not received any payment or other value for naming the successor owner.
- D. If I have designated individuals who may have access to information in my account, by signing and submitting this enrollment form, I am agreeing that the GSP may release any and all information about my GSP Account to the designated individuals. Those individuals will not be permitted to make changes to the account or submit withdrawal or payment requests.
- E. If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing Section 5 and submitting this enrollment form, I am authorizing and directing the GSP to provide SAGE Scholars, Inc. with my name, address and Social Security number, my Beneficiary's name, address and Social Security number, as well as my e-mail address and information on the amount of SAGE Scholars Tuition Rewards discounts to which I am entitled. SAGE Scholars, Inc. will use this information to administer the SAGE Scholars Tuition Rewards Program and may provide my information to SAGE Scholars member schools so that they may contact me or my Beneficiary.
- F. If I have chosen the automatic bank account contribution or electronic funds transfer option, I authorize the GSP to secure payment of amounts invested by me by initiating debit entries to my account at the bank named in Section 8. I acknowledge that the origination of ACH transactions must comply with U.S. law. I further agree that the GSP will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time by notifying the GSP and that the termination request will be effective as soon as the GSP has had a reasonable amount time to act upon it.
- G. I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my GSP account. Account owners should seek advice from a qualified tax advisor.
- H. I understand that the guarantee of the GSP is an obligation only of the GSP Fund itself. I further understand that the contributions to my GSP account are not insured and the payment obligations are not guaranteed by the Commonwealth of Pennsylvania, the Federal Deposit Insurance Corporation, or any other government or governmental agency.
- I. By signing and submitting this enrollment form, I certify that the information provided on the form is true and correct, subject to the penalties of 18 PA. C.S. Section 4904, relating to unsworn falsification to authorities and acknowledge that any material misrepresentations may void the GSP Contract resulting in my being refunded only the amount I have contributed (*excluding fees*) and forfeiting all growth.

### Account Owner must sign below:



Signature of Account Owner, Trustee, Custodian or Authorized Signer of Corporation or other Entity

-   -

Date (month, day, year)