

Account Number: _____
 (to be assigned by the Montana Family Education Savings Program)



Enrollment Change Form

Congratulations! You are well on your way to saving for college with the Montana Family Education Savings Program! To get started, read the Product and Program Disclosure, complete this form and return it with your payment to one of the addresses designated below. Forms can be downloaded from our website at www.collegesavings.com/montana, or you can call us to order any form—or request assistance in completing this form—at **1.800.888.2723**, Monday through Friday, from 9 a.m. to 6 p.m. EasternTime.

NOTE: We are required by federal law to obtain certain personal information from each person who opens an Account that will be used to verify their identity. If this information is not provided to us, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

Mail or Fax this form and any other required documents to:

- **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

1. Account Owner

Choose One: **Adult Owns Assets** **Child Owns Assets** (adult is custodian under UGMA/UTMA)

Account Owner or Custodian First Name MI Last Name Date of Birth

Street Address

City State Zip Code

Mailing Address Check if same as street address

City State Zip Code

Social Security Number Email

Telephone Number Business Telephone Relationship to Child

2. Choose One: **Joint Account Owner** (spouse only) **Successor Account Owner/Successor Custodian** (applicable on individual or custodian accounts only)

First Name MI Last Name Date of Birth

Street Address Check if same as Account Owner

City State Zip Code

Social Security Number Email

Telephone Number Business Telephone Relationship to Child

continue to next page ►

3. Designated Beneficiary

First Name	MI	Last Name	Date of Birth
Street Address	<input type="checkbox"/> Check if same as Account Owner	City	State
			Zip Code
Social Security Number*		Current Grade	First Year of College

* If the designated beneficiary does not have a Social Security Number, you have up to 60 days to supply the Social Security Number to the Bank. Otherwise, we may be required to return the funds as an Early Withdrawal or withhold a portion of the distributions.

4. Signature

By signing below, I/we hereby apply for an Account in MFESP. Capitalized terms used, but not otherwise defined herein have the meanings assigned to them in the Disclosure Statement. I certify that:

- I/we have received, read, and understand the terms and conditions of the Disclosure Statement. I/we understand that by signing this Enrollment Form, I/we agree to be bound by the terms and conditions of the Disclosure Statement. I/we understand that the Enrollment Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Montana.
- Except as set forth below, I/we understand that the Disclosure Statement and Enrollment Form constitute the entire agreement ("Agreement") between myself and the Authority. No person is authorized to make an oral modification to this Agreement.
- I/we understand that my Account in MFESP is not insured by the State of Montana or any other governmental entity and neither the principal I/we contribute nor the investment return is guaranteed by the State of Montana, the Authority or any other governmental entity, the Trust, the Program Manager or any of its affiliates. Notwithstanding the forgoing, I/we understand that CDs in which the Trust invests are insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC as further described in the Disclosure Statement.
- I/we intend to use my Account solely to save to pay the qualified higher education expenses of the Beneficiary.
- If I/we have chosen the ACH Plan or E-Check option, I/we authorize MFESP, upon written, telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in this Enrollment Form. I/we authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I/we acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I/we further agree that the Trust, MFESP, and the Plan Officials will not incur any loss, liability, damage, or expense for acting upon my written, telephone or online request. I/we understand that this authorization may be terminated by me at any time by notifying MFESP and the bank in writing, and that the termination request will be effective as soon as MFESP and the bank have had a reasonable amount of time to act upon it. I/we certify that I have authority to transact on the bank account identified by me in this Enrollment Form.
- I/we understand that contributions that cause the total balance of this Account and any other Accounts established in MFESP and in any other Qualified Tuition Program offered by the State of Montana on behalf of the Beneficiary designated in this Enrollment Form to exceed the Maximum Contribution Limit established by the Board are not permitted. I/we understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary within MFESP will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I/we reasonably anticipate the Beneficiary will incur.
- If this is a rollover from another 529 plan or Coverdell ESA, I/we understand my contribution will be treated as earnings until MFESP receives appropriate documentation from me.
- I/we certify that all of the information that I provided on this Enrollment Form is accurate and complete and I/we understand that I/we are bound by the terms, rights, and responsibilities stated in this Agreement and by any and all statutory, administrative, and operating procedures that govern MFESP.

Signature of Account Owner/Custodian

Date

Signature of Joint Account Owner

Date

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