



Kentucky Education Savings Plan Trust
Account Application for an UGMA/UTMA Account
Use this form to open a new Plan Account under UGMA/UTMA
Questions? Call toll-free 1-877-598-7878
P.O. Box 8100, Boston, MA 02266-8100
Visit www.kysaves.com

Instructions

- Before completing this form, carefully read the Program Disclosure Booklet and Participation Agreement (contained in the Disclosure Booklet).
You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Program, even if you have not opened the Investment Option through this form.
You must complete a separate Account Application for each Beneficiary.
Print in capital letters with blue or black ink, sign and date this form, then mail it to the Program 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 required information, we may not be able to open an Account or effect any transactions for you.

1 Custodian Information The person that opens and is the custodian of an Account in the Plan

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last, Suffix)

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

Residential Address City, State, Zip

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (mm-dd-yyyy)

Day Telephone Number Evening Telephone Number

Relationship to Beneficiary (optional)

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

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

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number Gender (M/F) 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 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)

### 3 Initial Contribution

Complete this section to allocate your initial and future contributions, excluding any payroll deduction contributions, to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Options as you wish from the list below.

You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Options	Whole Percentage (per Investment Option)
Managed Allocation Option	%
Active Equity Option (1970)	%
Equity Index Option (1969)	%
Balanced Option (2006)	%
Fixed Income Option (1971)	%
Guaranteed Option (1819)	%

Indicate your method of contribution in this section. The minimum Initial Contribution amount is \$25 per Investment Option and \$15 per Investment Option if contributing by payroll deduction.

**Check** - Make check payable to the Kentucky Higher Educational Savings Plan Trust

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks and checks issued by a financial institution or brokerage firm payable to you and endorsed over to the program by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

Amount

\$

(\$25 minimum per Investment Option)

**Electronic Funds Transfer (EFT)**

Please provide bank information in **Section 4**.

Amount

\$

(\$25 minimum per Investment Option)

**Automatic Contribution Plan (ACP)**

Complete **Sections 4 and 5** to make regularly scheduled contributions from your bank.

**Rollover**

(\$25 minimum per Investment Option)

- To roll over proceeds directly from another 529 plan, submit the Program's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date you received the redemption proceeds from the other 529 plan account. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount

\$

(\$25 minimum per Investment Option)

**Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)**

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

**Proceeds from the redemption of a qualified U.S. savings bond**

Please provide the breakdown of contribution and earnings below AND submit a Form 1099 with these amounts with this form.

Contribution	\$				,				.	
Earnings	\$				,				.	
<b>Total Indirect Rollover Amount</b>	<b>\$</b>				,				.	

**Note:** If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. savings bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Program.

## 4 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.

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

### Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Program website from the bank account listed above.

I do NOT elect the Electronic Purchase Option.

### Automatic Contribution Plan (ACP)

#### Contribution Amount

.00
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#### Investment Dates

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

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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**Month(s)** Select the month(s) you would like your Automatic Contributions made (you must select at least one).

*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.

**Date(s)** Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

<b>Required:</b>	<b>Additional Day(s) (optional)</b>
Day 1	Day 2
	Day 3
	Day 4

**5 Signature and Certification** *(The Custodian must sign this section or this Account will not be opened.)*

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

I hereby establish, as the Custodian, an Account representing an interest in The Kentucky Higher Educational Savings Plan Trust for the Beneficiary to be named on this application, and enter into this Participant Agreement (this "Agreement") relating to the Account with the Program. The Board of Directors (the Board) is the Trustee of the Trust (the "Trustee"). I understand that the Trustee has retained TIAA-CREF Tuition Financing, Inc. as the program manager (the "Program Manager") for The Kentucky Higher Educational Savings Plan (the "Program") and that this Agreement is subject to and incorporates by reference the information concerning the Trust, the Program, and the terms applicable to my Account, contained in the Program Disclosure Booklet and its Appendix (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Disclosure Booklet.

- I certify that 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 and I authorize the Program to open this Account based on this information.
- I also certify that 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).
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the initial and future contributions for this account will be invested using the Allocation Instructions I provided in Section 3. I further understand that I can change my Allocation Instructions at any time.
- I have received, read and understand the *Program Disclosure Booklet*, including the *Participation Agreement*. I understand that the Program may from time to time amend the *Participation Agreement* and the *Program Disclosure Booklet* and I understand and agree that I will be subject to the terms of those amendments.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a 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 Kentucky Higher Educational Savings Plan* to debit my bank account and to deposit such funds into my Program 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 Program 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.

*Signature of Custodian*

*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:**

Kentucky Education Savings Plan Trust  
P.O. Box 8100  
Boston, MA 02266-8100

A14513:09/15



**KENTUCKY**  
*Education Savings Plan Trust*

## **Important Information about Custodial Accounts for a Minor under UGMA/UTMA**

Laws governing custodial Accounts for minors prohibit or restrict certain transactions that are available to individual and entity Accounts in the Kentucky Education Savings Plan Trust (KESPT). Please read the following information about opening a custodial Account.

### **Who can open a custodial Account?**

Any custodian of an irrevocable gift to a minor Beneficiary under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can open a custodial Program Account.

### **Who owns the funds in the Account?**

The minor Beneficiary legally owns funds in the Account. However, the custodian is the “Account Owner” for purposes of controlling the Account until the minor reaches the age of majority. The custodian can only withdraw funds 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 Program 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 roll over funds from an existing custodial investment in a non-qualified tuition plan account?**

There is no mechanism to “roll over” custodial funds in non-qualified tuition plan accounts into KESPT. You must first take a withdrawal from your existing custodial investment and invest the proceeds as a contribution into a Program Account. Please consult with your tax and financial advisors regarding any tax, penalty or other adverse consequences of withdrawing the custodial funds from its existing investment. Once withdrawn, the funds are deposited into a custodial KESPT Account as a contribution. See the *Disclosure Booklet* for further information.

### **What rules and restrictions are placed on a custodial Account invested in the Program?**

- The Account Owner (Custodian) cannot be changed to anyone other than a successor custodian or the Beneficiary without providing the Program Manager with a court order directing the change, or as otherwise allowed under UGMA/UTMA.
- 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 to an Account for another Beneficiary.
- Upon the death of the Beneficiary, the assets belong to the Beneficiary’s estate.
- Non-qualified withdrawals and any withdrawals due to the disability, scholarship award, or Military Academy attendance of the Beneficiary should follow custodial rules under applicable state law that generally provide that the funds withdrawn are to be used for the benefit of the Beneficiary and are necessary for the Beneficiary’s welfare.
- While he or she is the registered Account Owner, the Custodian is required to sign all forms and requests in his/her representative capacity.
- The Custodian will be required to notify the Program when the Beneficiary is legally entitled to take control of the Account and become the registered Account Owner.

## **You may wish to consult with a tax advisor before opening a Custodial Account for a Minor under UGMA/UTMA.**

The Kentucky Education Savings Plan Trust and the Kentucky Higher Education Assistance Authority do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or services and provide, upon request, reasonable accommodations to afford individuals with disabilities an equal opportunity to participate in all programs and activities.