

- ▶ Complete this form to open a new VHEIP account by a trust, estate, business entity, 501(c)(3) organization, or state or local government agency.
- ▶ Additional restrictions may apply for Entity Accounts. Read the **Documentary Evidence Requirements for Opening and Substantiating Entity Accounts** on page 6 for more details.
- ▶ **Note:** Failure to provide required information may result in a delay of processing your request.
- ▶ **Please complete a separate Account Enrollment Form for each beneficiary.**
- ▶ **Questions?** Visit www.vheip.org or call us at 1-800-637-5860.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Because we are required by Federal law to obtain, verify and record information that identifies each person who opens an account, we will be asking you to provide specific information about yourself. If you do not provide the required information or if we are unable to verify the requested information, we may not be able to open an account for you or effect any transactions for you.

1. ENTITY ACCOUNT OWNER INFORMATION *(The entity who will open and control the account.)*

Type of Entity *(Please select one.)*

Trust or Estate (Foreign Trusts not eligible.)
Business Entity (Corporation, Partnership, Sole Proprietorship, LLC, or Association)
Internal Revenue Section IRC §501(c)(3) Organization
State or Local Government, or Agency or Instrumentality thereof

Type of Account *(Please select one.)*

Account for Named Beneficiary
Qualified Scholarship Account for Name Beneficiary
Qualified Scholarship Account for Unnamed Beneficiary (Only permitted for State or Local Government or Agency instrumentality thereof, or an IRC 501(c)(3).)

<input type="text"/>		<input type="text"/>	
Entity Name		Social Security Number or Taxpayer Identification Number <i>(Required)</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Agreement <i>(mm/dd/yyyy)</i>	Primary Phone Number	Cell Phone Land Line	Cell Phone Land Line
<input type="text"/>		Alternate Phone Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Principal Place of Business or Local Office Address <i>(This must be a street address; a PO Box cannot be accepted.)</i>		City	State Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address <i>(If different from above.)</i>		City	State Zip Code
<input type="text"/>		<input type="text"/>	
Country <i>(If Mailing Address is a foreign address.)</i>		Email Address	
Relationship to the Beneficiary:	Parent/Guardian Self	Brother/Sister Friend	Grandparent Uncle/Aunt Other

IMPORTANT: A \$10 annual fee will apply for delivery of Plan documents via U.S. Mail. This fee will be waived for Tax Forms. Once your account has been created, sign up for eDelivery by registering for online secured access at access.vheip.org and update your delivery options in the Profile tab.

2. AUTHORIZED REPRESENTATIVE

An entity Account Owner must designate an authorized representative to act on its behalf and he/she must have a Social Security Number or Taxpayer Identification Number.

Authorized Representative Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number (Required)

Date of Birth (mm/dd/yyyy)

Title/Position

Primary Phone Number

3. BENEFICIARY INFORMATION (The future college student for whom you are saving.)

The Beneficiary must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. A beneficiary must be named for all entity accounts, except for Qualified Scholarship Accounts opened by an IRC §501(c)(3) that will name a beneficiary in the future.

Name (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Mailing Address

City

State

Zip Code

Country (If Mailing Address is a foreign address.)

4. INVESTMENT PORTFOLIOS

Please select any one or combination of investment portfolios listed to the right. You can change allocations of future contributions at any time by logging into your account at access.vheip.org.

- ▶ Your total allocations must equal 100%.
- ▶ Use whole numbers; no fractions.
- ▶ Future contributions will be invested according to the allocation instructions you establish to the right.

VHEIP Managed Allocation Portfolio

 %

VHEIP Diversified Equity Portfolio

 %

VHEIP Equity Index Portfolio

 %

VHEIP Balanced Portfolio

 %

VHEIP Fixed Income Portfolio

 %

VHEIP Principal Plus Interest Option

 %

Total Allocations

 %

5. CONTRIBUTION OPTIONS

Tell us how you would like to contribute to your account. The minimum contribution amount is \$25 per account (or \$15 per pay period for payroll deduction.) You may contribute via any one or combination of contribution methods listed below.

Please select all that apply.

Initial Contribution Check

Make check(s) payable to **Vermont Higher Education Investment Plan**.

\$
Amount

Please note: Personal checks (excluding starter checks and cashier's checks), bank drafts, teller's checks and checks issued by a financial institution or brokerage firm payable to the account owner or beneficiary and endorsed over to the Plan by the account owner are permitted, as are third-party personal checks up to \$10,000 that are endorsed over to the Plan. Contributions by check must be drawn on a banking institution located in the United States and in U.S. dollars.

Contribution via Electronic Funds Transfer (EFT) - you must provide information in **Section 6**

Make a one-time contribution now or in the future from your checking or savings account.

Automatic Contribution Plan (ACP) - you must provide information in **Section 6**

Set up recurring contributions to be deducted from your checking or savings account.

Rollover or Transfer

Specify the type of rollover from another Qualified Tuition Program (QTP) or from a Coverdell Education Savings Plan Account (Education IRA).

Select one:

Direct Rollover. You must complete an **Incoming Rollover Form** and send it attached to this Enrollment Form.

Indirect Rollover. Indicate the amount of your rollover below. You must enclose a check for this amount and documentation from the distributing financial institution detailing a breakdown of contributions and earnings. Indirect rollover funds must be received within 60 days of the date of withdrawal from the other program or account.

Contributions	Earnings	Total Indirect Rollover
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Amount	Amount	Amount

Please note: Unless the Plan receives a statement or documentation detailing a breakdown of contributions and earnings, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal.

Payroll Deduction

You must complete a **Payroll Deduction Form** and send it attached to this Enrollment Form. Before selecting this option, please ensure your employer can send your contributions via Automated Clearing House (ACH).

6. BANK INFORMATION

Please provide the information below if you selected the Electronic Funds Transfer (EFT) or Automatic Contribution Plan (ACP) options above. This information is required. It may take up to 2-3 days to initiate these instructions.

Contribution via Electronic Funds Transfer (EFT) If you selected this option in **Section 5**, please specify the one-time contribution amount to be deducted:

\$
Amount (\$25 minimum)

Automatic Contribution Plan (ACP) If you selected this option in **Section 5**, please specify the following:

► **Amount of your recurring contributions.** (\$25 minimum)

\$

► **Frequency of your contributions.**
(Please select one)

Monthly

Quarterly

Yearly

► **Start Date.** Your bank account will be debited based on the frequency you selected above and on the contribution day you specify below. If you do not specify a contribution day, your automatic contributions will be deducted on the 5th of the applicable month(s).

| |
(mm/dd/yyyy)

► **Annual Increase (Optional)** You may increase the amount of your ACP contributions automatically on an annual basis by a percentage or a specific dollar amount. Your contributions will adjust each year based on the starting month of your ACP.

\$
Annual Amount

OR

%
Annual Percentage

BANK INFORMATION FOR ACP & ONE-TIME EFT CONTRIBUTIONS

Complete this section to add bank account information to your VHEIP account. ACP & EFT contributions must be drawn on a banking institution located in the United States in U.S. dollars.

Account Type Checking Savings

Bank Name

Routing Number

Account Number

Name on Account

7. OPTIONAL INFORMATION

Tell us a little more about you. This section is not required to open an account.

How did you hear about VHEIP?

E-mail
Employer
Financial Advisor
Family or Friend
Mail
Online
Presentation or Event
Radio
Other _____

What is your approximate family income?

Up to \$75,000
\$75,001 - \$150,000
Over \$150,000
Prefer not to answer

What is the highest level of education you have completed?

High school
Some college
Associate Degree
or Certificate Program
Bachelor's Degree
Graduate or Professional Degree
Prefer not to answer

8. SIGNATURE & CERTIFICATION

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

I certify that I am the Account Owner, or I have the authority to act as the Account Owner, and additionally that:

It is my intent to open a VHEIP account on behalf of an entity and I am authorized to do so under the terms of the entity's governing documents and applicable law. If I have enclosed a check for an indirect rollover, that this amount was withdrawn from another QTP 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. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. If I have provided banking information in Section 6, I authorize the Vermont Higher Education Investment Plan (VHEIP) to debit my bank account and to deposit such funds into my VHEIP 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 VHEIP 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 that at any time the value of my account(s) may be more or less than the amounts I contributed to such account(s). All of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct. I authorize the Plan to act on my instructions based upon this information. I have received, read and understand this form and the Disclosure Booklet, including the Participation Agreement. I understand that the Vermont Student Assistance Corporation may from time to time amend the Disclosure Booklet and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments. If I am issuing instructions for an account in a representative capacity (e.g., as a Trustee of a Trust or pursuant to a Power of Attorney), I understand and acknowledge that I am assuming any responsibility for any adverse consequences resulting from my instructions. I further agree that neither VHEIP 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 Account Owner, Custodian or Authorized Representative of an Individual
or Entity Account Owner

Date

The Vermont Higher Education Investment Plan (Plan) is administered by the Vermont Student Assistance Corporation (VSAC). Interests in the Plan are issued directly to Account Owners by VSAC. Intuition College Savings Solutions, LLC (Intuition) is the Plan Manager.



DOCUMENTARY EVIDENCE REQUIREMENTS FOR OPENING AND SUBSTANTIATING ENTITY ACCOUNTS

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this Account Application. Substantiation is required from an entity Account Owner when opening a Plan Account or when conducting a transaction for that Account. Such documentation must include the following:

- ▶ The legal status of the entity;
- ▶ Authorization by the entity to open the Account or conduct the transaction; and
- ▶ Authorization by the entity for the signer of the form to open the Account or conduct the transaction.

TYPE OF ENTITY	INITIAL SUBSTANTIATION DOCUMENTATION	SUBSTANTIATION DOCUMENTATION
Trust	Certificate of Trust Form (Page 7)	An Affidavit of Entity Representative Form completed by an officer or authorized representative of the Entity
Business, Corporation, Partnership, Limited Liability Corporation (LLC)	Certified Articles of Incorporation or a government issued business license Copy of the Partnership Agreement Copy of the LLC Agreement Other documentation to be determined by VHEIP	An Affidavit of Entity Representative Form completed by an officer or authorized representative of the Entity A certificate signed by an officer or authorized representative of the Entity Other documentation to be determined by VHEIP
Estate	A certified copy of the court order establishing the estate	A copy of the court order establishing the estate which has been certified within the last 60 days
Non-Profit Organization under IRC Section 501(c)(3)	A copy of the letter or memorandum from the Internal Revenue Service (IRS) indicating that the entity is an organization described under IRC Section 501(c)(3)	A copy of the letter or memorandum from the IRS indicating that the entity is an organization described under IRC Section 501(c)(3) dated within the last 60 days Other documentation to be determined by VHEIP

You may also be required to provide additional substantiation to open and transact business in the Account as determined and required by VHEIP, their Legal Counsel, or the Plan Manager.

Please retain a copy of this form with your records.

- ▶ **Complete this form when requesting to establish a trust as an Entity Account Owner.**
- ▶ **Questions? Visit www.vheip.org or call us at 1-800-637-5860.**

1. CERTIFICATION OF TRUST

1. Trustee(s) identified below in **Section 4** is/are currently serving as Trustee(s) of the _____ Trust (the "Trust") pursuant to a Trust Instrument dated _____ ("Trust Instrument").
2. The Trust exists and is in full force and effect.
3. The name of each settlor of the Trust is

4. The name of each original Trustee(s) of the Trust is/are

5. The name of each Trustee empowered to act under the Trust Instrument as of the date of the execution of this Trust Certificate and their address(es) is/are as follows (the "Trustee(s)")

6. If there are multiple Trustees, they (check one) ☐ May act independently ☐ Must act jointly
7. The powers of the Trustee(s) include the following and there are no provisions of the Trust which limit these powers:
See attached extract of provisions authorizing the Trustee to establish a VHEIP account as an Account Owner subject to the terms of the Disclosure Booklet.
8. The Trust Instrument has not been amended to limit the authorizations set forth in response to Section 7 above and the same have not been revoked.
9. No provisions of the Trust Instrument limit the authority of the Trustee to establish a VHEIP account or act as an Account Owner on the VHEIP account(s).
10. If the Trust is supervised by the court, all necessary approval has been obtained for the Trustee(s) to act as an Account Owner on the VHEIP account(s).

2. SIGNATURE & AUTHORIZATION

I, in my capacity as authorized Trustee(s) of the Trust, hereby certify, under oath, that statements contained in this Certificate of Trust are true and correct:

Signature of Trustee

Print Name of Trustee

STATE OF _____ ss.

COUNTY OF _____

Before me, the undersigned authority, personally appeared, _____
to me personally known _____; or who produced the following identification
_____ who, upon being duly sworn, states that the information
provided in this form is true, accurate, and complete to the best of his/her knowledge,
information, and belief. In witness whereof, I have placed my hand and seal in county
and state last aforesaid on this _____ day of _____, 20____.

NOTARY SEAL

NOTARY PUBLIC SIGNATURE