



Vermont Higher Education Investment Plan (VHEIP) Individual Account Enrollment Form

Return to: PO BOX 44002, Jacksonville, FL 32231
Overnight Mail: 9428 Baymeadows Rd, Ste 110, Jacksonville, FL 32256

- ▶ Complete this form to open a new VHEIP account as an individual. You may also enroll online at www.vheip.org.
- ▶ **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. ACCOUNT OWNER INFORMATION *(The individual who will open and control the account.)*

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <i>(First, MI, Last, Suffix)</i>		Social Security Number or Taxpayer Identification Number <i>(Required)</i>	Date of Birth <i>(mm/dd/yyyy)</i>		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent 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"/>	<input type="text"/>	<input type="text"/>
Mailing Address <i>(If different from above.)</i>		City	State	Zip Code	
<input type="text"/>	<input type="text"/>	Cell Phone Land Line	<input type="text"/>	Cell Phone Land Line	
Country <i>(If Mailing Address is a foreign address.)</i>	Primary Telephone	Alternate Telephone			
<input type="text"/>		Relationship to the Beneficiary:	Parent/Guardian Self Brother/Sister	Grandparent Uncle/Aunt Other Friend	
Email Address					

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 www.vheip.org and update your delivery options in the Profile tab.

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

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <i>(First, MI, Last, Suffix)</i>		Social Security Number or Taxpayer Identification Number	Date of Birth <i>(mm/dd/yyyy)</i>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address		City	State	Zip Code
<input type="text"/>				
Country <i>(If Mailing Address is a foreign address.)</i>				

3. CONTINGENT ACCOUNT OWNER INFORMATION

(Optional. The individual or Trust who will take control of the account if something happens to you.)

The Contingent Account Owner must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. Any designation made here can be changed or revoked at a future date. When adding a Trust as a Contingent Account Owner, a copy of the first and last pages of the trust agreement must be submitted along with this form.

Name (First, MI, Last, Suffix)

Trustee Name if a Trust named above (First, MI, Last, Suffix)

Social Security Number or Taxpayer Identification Number

Date of Birth (mm/dd/yyyy) or Date of Trust Agreement

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 www.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 a **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
<input type="text"/>		
Bank Name	<input type="text"/>	
<input type="text"/>	Account Number	<input type="text"/>
Routing 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. 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.

