



Vermont Higher Education Investment Plan (VHEIP)

Electronic Banking Information Form

Use this form to add or modify your Automatic Contribution Plan (ACP) or Electronic Purchase Option
Questions? Call toll-free 1-800-637-5860
 P.O. Box 8101, Boston, MA 02266-8101
 Visit www.vheip.com

Instructions

- Complete all sections of this form to add or change your Automatic Contribution Plan (ACP) and/or Electronic Purchase Option.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address. You must include a pre-printed voided check or a pre-printed deposit slip to add or change bank information. A Signature Validation Program (SVP) Stamp is required for Entity Account Owners and Authorized Representative of Individual Accounts as described in Section 4.

1 Account Information *(You must provide all requested information.)*

1 9 7 4 - 0 1 2 3 4 5 6 7 8

Fund and Plan Account Number *(Enter any one from your statement.)*

J O H N A S A M P L E

Account Owner or Custodian Name *(First, MI, Last, Suffix), or Entity Name*

A N N E M S A M P L E

Beneficiary Name *(First, MI, Last, Suffix)*

2 What would you like to do? *(Check all that apply.)*

Automatic Contribution Plan (ACP) *(Complete Sections 3, 4 and 5.)*

- Establish/Modify Change bank information Delete *(Complete Section 5 only)*

Electronic Purchase Option *(Complete Sections 4 and 5.)*

- Establish Change bank information Delete *(Complete Section 5 only)*

3 Automatic Contribution Plan (ACP) Instructions

If you elect to participate in the Automatic Contribution Plan (ACP), funds will be automatically transferred from your bank account in the amount and frequency you indicate here. Provide all requested information in this section, including your *Banking Information* in Section 4. If you don't already contribute to the Investment Option you select, check the appropriate box and a new Investment Option will be opened for you. It can take up to 10 business days to initiate this ACP.

✓ **Select the amount of your contributions.**

The amount you indicated above will be regularly withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in:	Is this a new option?	Contribution Amounts <i>(Minimum \$25 each)</i>			
Managed Allocation Option	<input checked="" type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,	1 0 0	. 0 0
Diversified Equity Option (1974) ¹	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		. 0 0
Principal Plus Interest Option (1056) ²	<input type="checkbox"/> Yes OR <input checked="" type="checkbox"/> No	\$,	1 0 0	. 0 0
Equity Index Option (2003)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		. 0 0
Balanced Option (2002)	<input checked="" type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,	1 0 0	. 0 0
Fixed Income Option (2004)	<input type="checkbox"/> Yes OR <input type="checkbox"/> No	\$,		. 0 0
Total Contribution Amount		\$,	3 0 0	. 0 0

✓ **Select the frequency of your contributions.**

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

- Bi-weekly Monthly Quarterly

✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

- | | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| <input checked="" 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. |

✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

- 5th 20th Other _____

¹ Called the 100% Equity Option until November 30, 2009.

² Called the Interest Income Option until November 30, 2009.

4 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Attach a pre-printed, voided check or pre-printed deposit slip where indicated below.

Type of Account (check one): <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
Account Number: 012-987654	Routing Number: 123456789
Name(s) on Account: <i>The Custodian and/or Beneficiary name must appear on the bank account.</i> John A Sample and Mary J Sample	
Bank Name: Citizens Savings	Telephone Number: 802-555-3952

Attach your pre-printed voided bank check, or pre-printed deposit slip here, to help the Plan obtain your proper bank account information.

5 Signature and Authorization (You must sign this section for these changes to take effect.)

By signing this form, I authorize the *Vermont Higher Education Investment Plan* to debit my bank account and to deposit such funds into my Plan Account, or to cease such debits, as requested on this form. If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the *Vermont Higher Education Investment Plan* 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 certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below.³)

John A Sample

Sept. 30, 2009

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Account Owner

Date

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided.

Note: A Signature Validation Program (SVP) Stamp is not required if a Program Power of Attorney Form is on file for an Individual Account, or if a Program Power of Attorney Form accompanies this form.

AFFIX SVP STAMP HERE

Mail this form to:

Vermont Higher Education Investment Plan (VHEIP)
P.O. Box 8101
Boston, MA 02266-8101

Program Administration by TIAA-CREF Tuition Financing, Inc.
Distributed by TIAA-CREF Individual & Institutional Services, LLC

VT0910.EBF



³ A Signature Validation Program (SVP) Stamp generally may be obtained from a bank, savings and loan association, or a member of these recognized stock exchanges: Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and New York Stock Exchange Medallion Signature Program (MSP). You also may be able to obtain a Signature Guarantee Program Stamp from a credit union provided it is authorized to guarantee signatures.