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.
- A Signature Validation Program (SVP) Stamp is required for entity Account Owners or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 5[1].
- 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.

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

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

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

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The amount you indicated above will be regularly withdrawn from your bank account on the frequency you indicate below.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 *(Minimum $25 each)*
Managed Allocation Option	☐ Yes OR ☐ No	$, . 0 0
Diversified Equity Option (1974)	☐ Yes OR ☐ No	$, . 0 0
Principal Plus Interest Option (1056)	☐ Yes OR ☐ No	$, . 0 0
Equity Index Option (2003)	☐ Yes OR ☐ No	$, . 0 0
Balanced Option (2002)	☐ Yes OR ☐ No	$, . 0 0
Fixed Income Option (2004)	☐ Yes OR ☐ No	$, . 0 0
Total Contribution Amount		$, . 0 0

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

If none selected, 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, your bank withdrawals will occur every calendar quarter.

☐ Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May.	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

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

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

☐ 5th	☐ 20th	☐ Other _____

[1] Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.

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):* ☐ Checking ☐ Savings	
Account Number:	***Routing Number:***
Name(s) on Account: *The Account Owner, Custodian or Entity must be named on the bank account.*	
Bank Name:	***Telephone Number:***

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.[1])

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

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. 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: The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan 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

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