





**Automatic Contribution Plan (ACP)**

(Minimum \$25 for each Investment Option)

Indicate the amount of your initial and/or subsequent Automatic Contribution Plan (ACP) contribution, which will automatically be transferred from your bank account into the Program. Complete Section 5 to contribute through ACP.

**Payroll Deduction**

(Minimum \$15 for each Investment Option)

Indicate the amount of your payroll deduction and submit a *Payroll Deduction Form* with this *Account Application*.

**Note:** This option is only available if your employer agrees and can remit your contributions via Automated Clearing House Funds (ACH). If your employer does not agree or cannot remit contributions via ACH, please consider an Automatic Contribution Plan (ACP).

**5 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>Telephone Number:</b>	

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

**Electronic Purchase Option**

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

*No, I do NOT elect the Electronic Purchase Option.*

**Automatic Contribution Plan (ACP)**

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information here.

**Select the amount of your contributions.**

*This amount will automatically be withdrawn from your bank account on the frequency you indicate below.*

Deposit my ACP contribution(s) in:	Contribution Amounts									
	<i>(Minimum \$25 each)</i>									
Managed Allocation Option	\$								.	0 0
Diversified Equity Option (1974)	\$								.	0 0
Principal Plus Interest Option (1056)	\$								.	0 0
Equity Index Option (2003)	\$								.	0 0
Balanced Option (2002)	\$								.	0 0
Fixed Income Option (2004)	\$								.	0 0
<b>Total Contribution Amount</b>	\$								.	0 0

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

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

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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✓ **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 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.

<input type="checkbox"/> 5th	<input type="checkbox"/> 20th	<input type="checkbox"/> Other _____
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## 6 Optional Information

You are not required to complete this Section to open an Account in the *Vermont Higher Education Investment Plan*.

**How did you hear about the Plan?** (Check one or more.)

- |  |                                 |                                   |  |   |  |
|--|---------------------------------|-----------------------------------|--|---|--|
| <input type="checkbox"/> Direct Mail           | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF         | <input type="checkbox"/> Colleague        | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Radio  | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Family or Friend | <input type="checkbox"/> Plan Representative |

**What is your total family income?**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000    | <input type="checkbox"/> \$25,001 - \$50,000   | <input type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> Over \$200,000      |   |

**What aspect of the Plan is most appealing to you?** (Check one or more.)

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Tax advantages | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Estate planning | <input type="checkbox"/> Professional money management |
|---|--------------------------------------|--|--|

**Would you like to receive TIAA-CREF materials unrelated to the Plan?**

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Plan.

## 7 Signature and Certification (You 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 for Accounts Owned by Individuals* (the "Participation Agreement") contained in the *Disclosure Booklet* I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.**

- 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. I authorize the Plan to open this Account based upon this information.
- 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).
- I have received, read and understand 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 have enclosed a check for an indirect rollover, I also certify 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 5, I authorize the Vermont Higher Education Investment Plan (VHEIP) to debit my bank account and to deposit such funds into my Plan 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.

Signature of Account Owner

Date

**I will retain a copy of this *Account Application*, the *Disclosure Booklets* and the *Participation Agreements* (contained in the *Disclosure Booklets*) with my records.**



**Mail this form to:**  
 Vermont Higher Education Investment Plan (VHEIP)  
 P.O. Box 8101  
 Boston, MA 02266-8101