

NC 529 Plan

North Carolina's National College Savings Program



Enrollment and Participation Agreement for Entities

Make checks payable to: "NC 529 Plan"

The terms, conditions, risks and full description of the Program are contained in the *Program Description for North Carolina's National College Savings Program* (the "Program Description"). That document should be read in full before completing this *Enrollment and Participation Agreement for Entities* (the "Enrollment Agreement").

This form must be completed by an Authorized Representative of the entity. A separate Enrollment Agreement must be completed for each Account.

Mail to: NC 529 Plan
P.O. Box 41930
Raleigh, NC 27629-1930

Overnight or registered mail: NC 529 Plan
2917 Highwoods Blvd.
Raleigh, NC 27604

Fax to: 919-835-2304

For questions or forms, contact the Program Administrator College Foundation, Inc.

Please print clearly in capital letters and dark ink.

1 Type Entity & Account

I am establishing this Account as an Authorized Representative of the entity:

A. Type of Entity (Check only one.)

- Trust or Estate
- Business entity (corporation, partnership, sole proprietorship, company, or association)
- "501(c)(3) Organization" described in 501(c)(3) of the Internal Revenue Code (IRC) and exempt from taxation under section 501(a) of the IRC
- State or local government (or agency or instrumentality thereof)

B. Type of Account (Check only one.)

- Entity Account (for a specified Beneficiary)
- Scholarship Account without a specified Beneficiary (only a 501(c)(3) organization or government entity may open this type of Account)

2 Participant (The Entity) and Authorized Representative Information

Name of Entity

Taxpayer Identification Number

Address (line 1)

Address (line 2)

City

State

Zip or Postal Code

Country (if not U.S.)

Name of Authorized Representative (First, Middle, Last, Suffix)

Primary Telephone Number (8:00 a.m. to 5:00 p.m.)

Alternate Telephone Number

E-mail Address

Electronic Delivery: I prefer online notification of quarterly Account statements and other communication using my e-mail address above instead of receiving paper statements and notices via standard mail.

- Yes
- No

3 Beneficiary Information

A Beneficiary must be named unless the Account is a Scholarship Account, opened by a 501(c)(3) organization or government entity without a specified Beneficiary.

If the Beneficiary does not have a Social Security or Taxpayer Identification Number, send it to the Program Administrator as soon as it is available.

I designate the individual named below as Beneficiary of this Account.

Name of Beneficiary (First, Middle, Last, Suffix)

Check type and enter the number.

SSN

TIN

Social Security or Taxpayer Identification Number

Birth Date (month, day, year)

State of Residence

Expected Year of College Enrollment

4 Duplicate Statement Request *(Optional)*

Enter below anyone you want to receive copies of the entity's Account statements, such as a financial advisor. This person is **not** authorized to access or make any changes to this Account.

Name (First, Middle, Last, Suffix)

Address (line 1)

Address (line 2)

City

State

Zip or Postal Code

5 Investment Options

Select one or more of the Investment Options below. Refer to the Program Description for detailed information on each Investment Option.

Use only whole numbers, not fractions, for your Contribution percentages. Your total investment must equal 100%.

Note: Contributions that accompany this form and all future Contributions to your Account will follow the instructions provided below. Designation of **future** Contributions may be changed at any time. To change either currently invested or future Contributions later, complete an *Enrollment and Participation Agreement Supplement* (Form C421).

Investment Options

Contribution Percentages

Age-Based Options

CollegeHorizonFunds (Managed by RiverSource Investments, LLC). □ □ □ %
 Program automatically places assets into the CollegeHorizonFunds Portfolio corresponding to your Beneficiary's Years to Enrollment and migrates annually based on progression toward college start date.

V Fund (Mutual funds from The Vanguard Group, Inc.). □ □ □ %
 Select **one** Track based on your risk tolerance; the Program places into the appropriate age range automatically and migrates based on Beneficiary's birth date.

Check one: Aggressive Track Moderate Track Conservative Track

Individual Options

Aggressive Stock Fund (Managed by NCM Capital Management Group, Inc.). □ □ □ %

Balanced Fund (Managed by Wachovia Bank, N.A., through Evergreen Investment Management Company, LLC). □ □ □ %

Dependable Income Fund (Managed by North Carolina State Treasurer). □ □ □ %

V Fund 1 (Vanguard® LifeStrategy Growth Fund). □ □ □ %

V Fund 2 (Vanguard LifeStrategy Moderate Growth Fund). □ □ □ %

V Fund 3 (Vanguard LifeStrategy Conservative Growth Fund). □ □ □ %

V Fund 4 (Vanguard LifeStrategy Income Fund). □ □ □ %

V Fund 5 (Vanguard Prime Money Market Fund). □ □ □ %

V Fund 6 (Vanguard Total Stock Market Index Fund). □ □ □ %

V Fund 7 (Vanguard Total International Stock Index Fund). □ □ □ %

V Fund 8 (Vanguard Total Bond Market Index Fund). □ □ □ %

TOTAL 1 0 0 %

6 Contribution Methods (The minimum amount required for all Contribution methods is \$25.)

Source of Funds (Check and complete all that apply.)

An entity may establish an Account and make subsequent Contributions by check, Electronic Funds Transfer, or Automatic Contribution.

For information on wire transfers, please call us at 800-600-3453.

A. Lump Sum

1. **Personal Check or Money Order** (Make payable to NC 529 Plan.)

Amount (\$25 minimum) \$, .

2. **Electronic Funds Transfer (EFT)**

(To make a one-time transfer from the entity's account with a financial institution to the entity's NC 529 Account.)

Note: To set up this option, provide banking information in **Section 7**.

Banking instructions will remain on file for future one-time Contributions.

If a Contribution is not honored by the entity's financial institution, the entity may be assessed a transaction fee.

Amount (\$25 minimum) \$, .

B. Transfer or Rollover

- This Account will be funded with assets from a:

(1) Section 529 Qualified Tuition Program, (2) Coverdell Education Savings Account, or
(3) Qualified Savings Bond (Series EE or I, issued after 1989).

Note: If you are using assets from any of these sources, also complete and return the *Rollover and Transfer Form* (Form C445) with this Enrollment Agreement.

C. Automatic Investment

- Automatic Bank Draft**

(To transfer funds electronically on a regular basis from the entity's account with a financial institution to the entity's NC 529 Account.)

You may change the Contribution amount and frequency at any time by going online to **CFNC.org/NC529** or by calling 800-600-3453. It may take up to 10 days to set up an automatic draft with the entity's bank.

Note: To set up this option, provide banking information in **Section 7**.

If a Contribution is not honored by the entity's financial institution, the entity may be assessed a transaction fee.

Amount (\$25 minimum) \$, .

Frequency

Check one and include the day(s) on which you want funds debited.

Note: Unless you select a different schedule below, your entity's bank account will be debited on the 20th of each month. You may select a debit date that falls within the first 28 days of the month. If a debit date is scheduled for a weekend or bank holiday, the debit will occur on the next business day.

Once a month on the day of the month

Twice a month on the and days of the month

