


# Account Application

- For faster processing, you can complete this request online at [www.troweprice529.com](http://www.troweprice529.com).
- Before you invest, consider whether your or the Beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Disclosure Document.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

 **1-866-521-1894**  
 Monday - Friday 8:00 a.m. to 8:00 p.m. ET

 **[www.troweprice529.com](http://www.troweprice529.com)**

Regular mailing address:

**T. Rowe Price College Savings Plan**  
**PO Box 219124**  
**Kansas City, MO 64121**

Overnight mailing address:

**T. Rowe Price College Savings Plan**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

*What this means for you:* When you open an Account, we will ask for your name, address, date of birth, Social Security number or taxpayer identification number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

## 1. Account Type

- Individual Account.** I am opening a new T. Rowe Price College Savings Plan Account.
- UGMA/UTMA Account.** I am opening a new T. Rowe Price College Savings Plan Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of   (*please abbreviate*) in which the liquidated UGMA/UTMA custodial Account was opened.
- Minor-owned Account.** I am opening a new T. Rowe Price College Savings Plan Account as Custodian for a minor Account Owner.



\* TRP ACCOUNT APPLICATION \*

**2. Account Owner or Custodian**

- The Account Owner is the person who owns the Account.
- If the Account is an UGMA/UTMA Account or a minor-owned Account complete this section with the Custodian's information. The Custodian is the person who manages the Account until the minor Beneficiary either reaches the age of termination or the age of 18 (depending on the registration type).

Legal Name (First name) (Required)  (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

U.S. Citizen  U.S. Resident Alien  
Citizenship (Required)

Citizenship (If U.S. Resident Alien, indicate country of citizenship.)

Primary Telephone Number

Secondary Telephone Number

Mobile  Landline

Mobile  Landline

Email Address

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City  State  Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all Account mailings.)

City  State  Zip Code

**3. Beneficiary or Minor Information** (The Beneficiary or minor is the person for whom the funds are intended.)

Legal Name (First name) (Required)  (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

U.S. Citizen  U.S. Resident Alien  
Citizenship (Required)

Citizenship (If U.S. Resident Alien, indicate country of citizenship.)

Check if Beneficiary's address is the same as Account Owner's/Custodian's, otherwise complete the following:

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City  State  Zip Code



**6. Investment Option(s)** *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Option(s).

- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal **100%**.
- You can view or change your future allocations online, by telephone or by form at any time.
- For information on the Investment Portfolios, refer to the Plan Disclosure Document or visit the Plan's Investment Options page at **[www.troweprice529.com](http://www.troweprice529.com)**.

**Enrollment-Based Portfolios**

Each portfolio's allocation is targeted to the year in which you will begin using your education savings. These portfolios include a mix of stock and bond mutual funds which is periodically adjusted to more conservative allocations as the target year approaches. Assets are automatically moved to the Portfolio for Education Today in the year indicated in the name of the Portfolio.

Portfolio 2042	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2039	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2036	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2033	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2030	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2027	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio 2024	<input type="text"/> <input type="text"/> <input type="text"/> %
Portfolio for Education Today	<input type="text"/> <input type="text"/> <input type="text"/> %

**Static Portfolios**

These portfolios invest in a predetermined mix of stocks, bonds, and/or money market funds, where the asset allocations are designed to remain fixed. Investing in a more aggressive or conservative portfolio gives you the flexibility to choose an option that works best for you.

Equity Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Equity Market Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Global Impact Equity Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Fixed Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Money Market Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Total  %

## 7. Contribution Method

- Your initial contribution can come from several sources combined but you must select at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 5 business days upon deposit to your Account.

**Source of funds** *(Complete all that apply.)*

A.  **Check:** Make check payable to **T. Rowe Price College Savings Plan.**

Include your check with this **Account Application**. Personal checks (excluding starter checks), bank drafts, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$100,000 endorsed over to the Plan are accepted.

\$              
Amount

B.  **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select. You may change the investment amount and frequency at any time by logging onto your Account at **www.troweprice529.com** or by calling **866-521-1894**. To add additional Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 7B** and **8** for each Recurring Contribution instruction or bank account.

**Important:** To set up this option, you must provide bank information in **Section 8**.

**Amount of Contribution:**  \$25  \$50  \$100  \$150  \$250  Other \$               
Amount

**Frequency** *(Select one.):*  **Monthly**  **Quarterly**

**Start Date:\***    —    —      
Date *(mm-dd-yyyy)*

\*The Plan must receive instructions at least 3 business days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. If the date is not specified, this option will default to the 20th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the contribution will occur on the next available business day. Please review your quarterly statements for details of these transactions.

**Annual Increase.** You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Amount of increase:** \$

**Month\*\*:**  January  February  March  April  May  June  
 July  August  September  October  November  December

\*\* The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

C.  **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 8**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$              
Amount

D.  **Rollover from another 529 plan or Coverdell Education Savings Account (ESA) to a T. Rowe Price College Savings Plan Account:**

- To roll over proceeds directly from another 529 plan, submit the Plan's **Incoming Rollover Form** along with this application.



**9. Automatic Dollar-Cost Averaging Program** (Optional)

Automatic dollar-cost averaging allows you to reallocate from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$500 contribution to an initial Investment Option (“Source Option”), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Options (“Target Option”).
- Creating an automatic dollar-cost averaging program at the time of enrollment will NOT count towards your twice per calendar year Investment Option change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan. Your entire initial deposit does not need to be included in the automatic dollar-cost averaging program.
- If you make any changes to or cancel an established automatic dollar-cost averaging program it will count towards your twice per calendar year Investment Option change limit.

**Amount:** \$    ,    .   **0 0** (minimum \$50)  
Amount

**Frequency** (Select one.):  **Monthly**  **Quarterly** (Based on established date, not calendar quarter.)

**Start Date:**\*   -   -      
Date (mm/dd/yyyy)

\* The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date is not specified, this option will default to the 15th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

**Stop Type** (Select one.):

**Stop Date**   -   -      
Date (mm/dd/yyyy)

**When total amount of reallocation equals:** \$    ,    .   **0 0**

**When complete balance of the Source Option is depleted.**

**Source Option:**

**Target Option:**

\$   ,    .   **0 0**  
Investment Option Dollar Amount

\$   ,    .   **0 0**  
Investment Option Dollar Amount

\$   ,    .   **0 0**  
Investment Option Dollar Amount

## 10. Signature and Certification—YOU MUST SIGN BELOW

**By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for the T. Rowe Price College Savings Plan (the “Participation Agreement”) contained in the Plan Disclosure Document. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.**

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in T. Rowe Price College Savings Plan (the “Plan”) for the Beneficiary to be named on this form.

Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Disclosure Document.

By signing this form, I understand and hereby certify that:

- The information in this form is accurate and complete and I covenant that any information or documentation furnished by me to Plan Officials in the future shall be accurate and complete. I agree to notify the Program Manager promptly of any material changes in such information. As described in the Plan Disclosure Document, I agree to hold harmless the State of Alaska, the Trustee, the University, the Board, the Plan, the Trust and any of the service providers to the Plan (including the Program Manager) and any affiliate, agency, representative, employee, official, officer, or agent of any of these entities for any loss, damage, liability, cost, or expenses including reasonable attorneys’ fees, to which they shall incur by reason of, or in connection with, any misstatements or misrepresentations made by me or my Beneficiary, any breach by me of the acknowledgments, representations, or warranties in the Account Agreement or the Participation Agreement or the Plan Disclosure Document, or any failure by me to fulfill any covenants or agreements in the Participation Agreement, the Account Agreement, the Declaration, or the Plan Disclosure Document.
- I have received, read, and understand the terms and conditions of the current Plan Disclosure Document and will keep a copy for my records. I understand that the current Plan Disclosure Document may be amended from time to time, and I understand and agree that I and my Account will be subject to the terms of those amendments.
- I am a U.S. citizen or a U.S. resident alien and have a U.S. address, and my Beneficiary is either a U.S. citizen or a U.S. resident alien.
- Plan Officials will use the information in this form to verify my identity. If, after making reasonable efforts, the parties are unable to verify my identity, the Plan is authorized to take any action permitted by law, including closing my Account and redeeming my Account at the net asset value calculated the day the Account is closed.
- If I am the Custodian executing this form on behalf of a minor Account Owner, I am of legal age in my state of residence and am legally authorized to act on behalf of the Account Owner.
- I authorize the Trust and T. Rowe Price and their agents and their affiliates to act on instructions believed to be genuine, and from me, for any service authorized in this form. The Plan uses procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, the State of Alaska, the Trustee, the University, the Board, the Plan, the Trust and any of the service providers to the Plan (including the Program Manager) and any affiliate, agency, representative, employee, official, officer, or agent of any of these entities will not be liable for any loss, damage, liability, cost, or expenses including reasonable attorney’s fees resulting from such instructions reasonably believed to be genuine. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.
- I understand that if I provided an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Educations Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including the breakdown of principal and earnings, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was distributed from another qualified tuition program 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 the breakdown of principal and earnings, from my original account.



- If I have provided banking information in **Section 8**, I authorize the Plan Officials to initiate debit and/or credit entries in accordance with my instructions designated in the Account Agreement or any future instructions against my account designated in this Agreement or later designated by me. I authorize the financial institution to accept any such debits or credits to my account. I understand that my authorization for any such credit or debit must comply with applicable law, and I agree to hold harmless the Plan Officials for any credits or debits related to my Account that result in any losses, damage, liability, cost, or expenses. This authorization will remain in effect until I notify Plan Officials in writing of its termination and until they have had reasonable time to act on that termination. Plan Officials may correct any transaction errors with a debit or credit to my financial institution account and Account. I further agree to maintain the balance in my designated account at a level sufficient to satisfy each debit transaction, and I understand that if the balance is insufficient, the Program Manager may assess a fee in accordance with this Agreement and the Plan Disclosure Document.
- By providing banking information, I authorize the Plan to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize withdrawals from my Accounts via telephone or through **www.troweprice529.com** provided my banking information has been on file for a minimum of 15 calendar days. If I do not wish to activate these capabilities, I understand that I should not provide my banking information.

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

**I will retain a copy of this Account Application, the Participation Agreement, and the *Plan Disclosure Document* with my records.**