

Account Application for an Entity Account

- 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

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 tax 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. A. Type of Entity *(Check one)*

☐

Trust Account. I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*

Note: Foreign trusts are not eligible.

☐

Business Entity. I am opening this Account as a corporation or association. *(Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed Documentary Evidence Requirements for Opening New Entity Accounts and List of Approved Documents for Substantiation by Entity Account Owners before completing this form.)*

☐

Internal Revenue Section IRC §501(c)(3) Organization. I am opening this Account on behalf of a scholarship program, non-profit organization or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Account Application for an Entity Account**. We may also request additional information from you.)*

☐

State or Local Government, or Agency or Instrumentality thereof. I am opening this Account on behalf of a state or local government (or agency or instrumentality thereof) or an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Account Application for an Entity Account. We may also request additional information from you.)*



* TRP ACCOUNT APP ENTITY *

B. Type of Account *(Check one)*

- ☐ **Entity Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Named Beneficiary**
- ☐ **Qualified Scholarship Account for Unnamed Beneficiary** *(only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization)*

2. A. Entity Account Owner Information *(You must provide all requested information or the Account cannot be opened.)*

Entity Account Owners are required to provide additional documentation to open the Account or this account cannot be opened. Read the enclosed *Documentary Evidence Requirements for Opening New Entity Accounts* and *List of Approved Documents for Substantiation by Entity Account Owners* before completing this form.

Trust/Entity Name **(Required)**

Taxpayer Identification Number **(Required)**

Primary Telephone Number

☐ Mobile ☐ Landline

Secondary Telephone Number

☐ Mobile ☐ Landline

Email Address

Principal Place of Business or Local Office 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

B. Authorized Representatives

Name of Trustee 1/Authorized Signer *(First name)**(M.I.)*

Name of Trustee 1/Authorized Signer *(Last name)*

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

City

State

Zip Code

Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number

Name of Trustee 2/Authorized Signer *(First name)**(M.I.)*

Name of Trustee 2/Authorized Signer *(Last name)*

Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number

<input type="text"/>	<input type="text"/>
Beneficial Owner (First name)	(M.I.)
<input type="text"/>	<input type="text"/>
Beneficial Owner (Last name)	
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	<input type="text"/>
Business or Residential Street Address	
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Social Security Number	Birth Date (mm-dd-yyyy)

<input type="text"/>	<input type="text"/>
Beneficial Owner (First name)	(M.I.)
<input type="text"/>	<input type="text"/>
Beneficial Owner (Last name)	
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	<input type="text"/>
Business or Residential Street Address	
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Social Security Number	Birth Date (mm-dd-yyyy)

B. Control Person

Please provide the following information for one individual with significant responsibility for managing the legal entity such as: an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. If appropriate, an individual listed under **Section 3A** above may also be listed in **Section 3B**.

<input type="text"/>	<input type="text"/>
Control Person (First name)	(M.I.)
<input type="text"/>	<input type="text"/>
Control Person (Last name)	
<input type="text"/>	<input type="text"/>
Title	
<input type="text"/>	<input type="text"/>
Business or Residential Street Address	
<input type="text"/>	<input type="text"/>
City	State Zip Code
<input type="text"/>	<input type="text"/>
Social Security Number	Birth Date (mm-dd-yyyy)

- This section is not required for a State or Local Government or Agency or Instrumentality thereof, or an IRC §501(c)(3) Organization that selected an unnamed beneficiary, in Section 1.

[illegible]

(M.I.)

[illegible]

$$\square\square\square - \square\square - \square\square\square\square$$

$$\square\square - \square\square - \square\square\square\square$$

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

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

[illegible]

State

Zip Code

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

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

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal **100%**.
- You can view or change your Allocation Instructions for future contributions online, by telephone or by form at any time.

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 that are 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 2045	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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 for Education Today	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

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 **100** %

6. Contribution Method

- Your initial contribution can come from several sources combined but you must check 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 the **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. **Rollover proceeds directly from another 529 plan.** Submit the Plan's **Incoming Rollover Form** along with this application.

- C. **Transfer from an existing T. Rowe Price College Savings Plan Account:** Complete this section if you are transferring assets from an existing Account. You will also need to complete a **Transfer Form**.

Account Number

- D. **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

\$, .

Amount of Rollover

\$, .

Principal (*Basis*)

\$, .

Earnings

- E. **Payroll Direct Deposit.** If you want to make contributions to your T. Rowe Price College Savings Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your T. Rowe Price College Savings Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the T. Rowe Price College Savings Plan. Once this is received please enter this information on your employer self-service portal (if available) or provide your signature and Social Security or tax payer identification number on this application and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other T. Rowe Price College Savings Plan Accounts.

Amount of Payroll Direct Deposit each pay period (\$15 minimum): \$.00

F. **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 into your T. Rowe Price College Savings Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.troweprice529.com** or by calling **1-866-521-1894**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 6F and 7** for each additional Recurring Contribution instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 7**.

Amount of Contribution: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$250 ☐ Other \$0**0**

(Amount (\$25 minimum))

Frequency *(Select one.):* ☐ **Monthly** ☐ **Quarterly** *(Every three months.)*

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

*T. Rowe Price College Savings 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: \$ [] , [] [] . [] 0 [] 0

Month:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June

☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

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

G. **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 7**. 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

7. Bank Information *(Required to establish the Recurring Contribution or EFT service.)*

Note: All bank account owners must sign below. However, if the entity Account Owner is not an owner of the bank account, please complete the **Account Features Form**.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations. Contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

Bank Name

Bank Routing Number

Bank Account Number

Account Type
(Check One.)☐

Checking

☐

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner *(First name)**(M.I.)*Bank Account Owner *(Last name)*

Signature of Bank Account Owner

Date *(mm-dd-yyyy)*Joint Bank Account Owner *(First name)**(M.I.)*Joint Bank Account Owner *(Last name)*

Signature of Joint Bank Account Owner

Date *(mm-dd-yyyy)*

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.

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

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

Stop Type (Select one.):

Stop Date – –
Date (mm/dd/yyyy)

When total amount of Reallocation equals: \$, .

☐ **When Complete Balance of the Source Option is depleted.**

Source Option: _____

Target Option:

Investment Option

\$, .

Dollar Amount

Investment Option

\$, .

Dollar Amount

Investment Option

\$, .

Dollar Amount

9. Signature and Certification *(An Authorized Representative must sign this section or this Account will not be opened.)*

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, an Account representing an interest in the 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 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.
- 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. 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 Education 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 withdrawn 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 7**, 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 Authorized Representative of Entity

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Date (mm-dd-yyyy)

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

Documentary Evidence Requirements for Opening New Entity Accounts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **Account Application for an Entity Application**. These documents are required to open an Account and to establish the identity of the entity Account Owner.

Corporation	<ul style="list-style-type: none"> • Certified Articles of Incorporation or a government issued business license
Trust	<ul style="list-style-type: none"> • Copy of the first and last pages of the Trust Instrument or the Certificate of Incumbency
Partnership	<ul style="list-style-type: none"> • Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	<ul style="list-style-type: none"> • Copy of the LLC Agreement
Estate	<ul style="list-style-type: none"> • Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501 (c) (3)	<ul style="list-style-type: none"> • Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3).
You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the T. Rowe Price College Savings Plan Disclosure Document for additional information.	

List of Approved Documents for Substantiation by Entity Account Owners

An entity Account Owner must provide substantiation when opening an Account or conducting a transaction for that Account. Such documentation must include the following and the same document may substantiate all three requirements.

1. the legal status of the entity;
2. authorization by the entity to open the Account or conduct the transaction; and
3. authorization by the entity for the signer of the form to open the Account or conduct the transaction.

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);
- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency; or
- If the entity Account Owner is unable to provide substantiation in any of the foregoing forms, the entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.
 - **If judged authentic and complete**, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
 - **If judged inauthentic or incomplete**, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.