

Ideal – Idaho College Savings Program Enrollment Form



IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an account certain personal information—including name, permanent street address, and date of birth, among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- Open an account, complete this form and mail it to Ideal - Idaho College Savings Program (Ideal) at the address provided in the table below. You may also open an account online at www.idsaves.org.
- Your initial investment, whether made by check, electronic funds transfer from your bank account, transfer, or rollover, must total at least \$25 (\$15 per pay period if contributing through payroll direct deposit).
- Print clearly, preferably in capital letters and black ink. Do not staple.

Forms can be downloaded from our website at www.idsaves.org or you can call us to request any form or for assistance in completing this form – at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.

Return this form in the enclosed postage-paid envelope, or mail to:

**Ideal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121**

For overnight delivery or registered mail, send to:

**Ideal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131**

1. Account Type

- Select one of the account types below.
- If you do not select an account type, we will open an individual account for you.

Individual Account.

UGMA/UTMA Account. I am opening this account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.

Business Entity/Trust Account. I am opening this account as a corporation, partnership or association, or trust. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.*)

Other Entities. I am opening this account on behalf of a Non-Profit, State/Local Government Scholarship. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity Account Owner, and the authorization of the establishment of the authorized signer. We may also request additional information from you.*)



2. Account Owner Information *(The account owner is the person or entity who owns and controls the account. This person must be at least 18 years old.)*

Legal Name *(first, middle initial, last)*

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

Birth Date/Trust Date *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Permanent Street Address *(P.O. box or rural route number is not acceptable.)*

City

State Zip

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

City

State Zip

3. Beneficiary Information *(The beneficiary is the future student.)*

Name *(first, middle initial, last)*

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

Birth Date *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

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

Mailing Address

City

State Zip

7. Subsequent Contributions *(optional)*

You may make future contributions by personal check or electronically – through recurring contribution or by EFT.

Important: The recurring contribution and EFT options can be used only with 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 by nonbank financial companies are not members of the ACH network.

- Recurring contribution.** Through recurring contribution, money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your IDEal account. You may change the investment amount and frequency at any time by logging on to your account at www.idsaves.com or by calling **1.866.433.2533**.

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

Amount of debit: \$

Frequency *(Check one):* Monthly *(\$25 minimum)* Quarterly *(\$75 minimum)*

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

* Your bank account will be debited on this date and your investment will be credited to your IDEal account on the *previous business day*. If you indicate a start date that is within the first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th. See the Disclosure Statement for further information.

- Payroll direct deposit.** If you want to make contributions to your IDEal 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 account until you have received a Payroll Direct Deposit Confirmation Form from IDEal, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your payroll office. The amount you indicate below will be in addition to payroll direct deposits that you may have previously established for other IDEal accounts.

Amount of direct deposit each pay period *(\$15 minimum):* \$

8. Bank Information *(Required to establish the recurring contribution or EFT service.)*

Bank Name

Bank Telephone Number

Bank Registration (Name on bank account)

Bank Routing Number

Bank Account Number

Account Type:
(Check One.)

Checking

Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

9. Additional Information

How did you hear about IDEal?

- | | | | |
|-----------------------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Online ad | <input type="checkbox"/> E-mail | <input type="checkbox"/> Treasurer's website |
| <input type="checkbox"/> TV | <input type="checkbox"/> Online article | <input type="checkbox"/> Radio | <input type="checkbox"/> State of Idaho |
| <input type="checkbox"/> Newspaper/magazine article | <input type="checkbox"/> Facebook | <input type="checkbox"/> Upromise website | <input type="checkbox"/> Ascensus College Savings |
| <input type="checkbox"/> Friend or relative | <input type="checkbox"/> YouTube | <input type="checkbox"/> IDEal website | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Print ad | <input type="checkbox"/> Twitter | <input type="checkbox"/> Event/Booth | <input type="checkbox"/> IDEal Representative |
| <input type="checkbox"/> Advisor | | | |

10. Authorization — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in IDEal. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Statement and Participation Agreement. I understand that by signing this Enrollment Form, I am agreeing to be bound by the terms and conditions of the IDEal Disclosure Statement and Participation Agreement. I understand that the Enrollment Form shall be construed, governed by, and interpreted in accordance with the laws of the State of Idaho.
- Except as set forth below, I understand that the Enrollment Form and Disclosure Statement and Participation Agreement constitute the entire agreement between myself and the State College Savings Program Board (Board). No person is authorized to make an oral modification to this agreement.
- I understand that my account in IDEal is not insured by the State of Idaho or any other governmental entity and neither the principal deposited nor the investment return is guaranteed by the State of Idaho, the Board or any other governmental entity, the Trust, the Program Manager, the Savings Portfolio Manager, or any of their affiliates (each, as defined in the Disclosure Statement). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in IDEal that is insured by the Federal Deposit Insurance Corporation (FDIC), up to the limit set by the FDIC. I understand that there is no assurance that my account under IDEal will generate any specific rate of return; in fact, there is no assurance that my account will not decrease in value (except for the Savings Portfolio as described in the Disclosure Statement).
- If I have chosen the recurring contribution or EFT option, I authorize the Program Manager (as defined in the Disclosure Statement), upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 8**. I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that the Plan Officials (as defined in the Disclosure Statement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 8**.
- I understand that contributions that cause the total balance of this account and any other accounts established in IDEal and in any other Qualified Tuition Program (as defined in the Disclosure Statement) offered by the State of Idaho on behalf of the beneficiary designated in **Section 3** of this Enrollment Form to exceed the maximum account balance established by the State College Savings Program Board are not permitted. I understand that if a contribution is made to the account that exceeds the maximum account balance, all or a portion of the contribution amount will be returned to me or the contributor.
- I certify that all of the information that I provided on this Enrollment Form is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern IDEal.



SIGNATURE

Signature of Account Owner

- -

Date (mm/dd/yyyy)

An opportunity to add to your college savings while you shop

Upromise helps you save for college by giving you back a percentage of your eligible purchases from hundreds of participating companies. Here's how it works: Join Upromise for free and then do what you normally do—buy groceries, fill the gas tank, shop online, book travel, dine at restaurants, and more. A percentage of your eligible spending will be deposited in your Upromise account. Enrollment is free; all you have to do is register (which can be done easily online at www.upromise.com/ideal) and link your Upromise rewards service account to your IDeal account. Then, your earnings will transfer to your IDeal account periodically (subject to a \$25 minimum transfer amount).*



Join today. Earn tomorrow.
www.upromise.com/ideal

* Upromise is an optional service offered by Upromise, Inc., is separate from IDeal, and is not affiliated with the State of Idaho. Specific terms and conditions apply. Participating companies, contribution levels and conditions subject to change without notice. Transfers subject to a \$25 minimum.

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