

# Pennsylvania 529 Guaranteed Savings Plan

## Enrollment Form



- Please complete this form if you would like to establish a new Pennsylvania 529 Guaranteed Savings Plan (GSP) Account.
- GSP Accounts are limited to Account Owners and/or Beneficiaries who are residents of Pennsylvania.
- For additional information, call toll free **1.800.440.4000**.

Send this completed form to:

**Pennsylvania 529 Guaranteed Savings Plan**  
**P.O. Box 55463**  
**Boston, MA 02205-8114**

For overnight delivery or registered mail, send the completed form to:

**Pennsylvania 529 Guaranteed Savings Plan**  
**95 Wells Avenue, Suite 155**  
**Newton, MA 02459**



\* PA GSP ENROLL \*

Please fill out Section 1a or 1b, then proceed to all subsequent sections.

**1a. Individual Account Owner (including UGMA/UTMA Custodian)**

The Individual Account Owner opens and controls the Account. Before investing, please carefully read all instructions, terms and conditions outlined in your GSP Disclosure Statement and GSP Participation Agreement included in the GSP Disclosure Statement received with this application.

Print clearly in blue or black ink.

Name of Account Owner (first, middle initial, last)

Social Security Number or Taxpayer Identification Number

Birth Date (month, day, year)

Daytime Telephone Number

Evening Telephone Number

Address

City

State

Zip

E-mail Address

PA Resident (select one):

Yes, County of Residence is

No

**1b. Trust, Corporate or other Business Entity Account Owner\***

Name of Trust/Corporation/Business Entity

Name of Trustee / Authorized Party

Name of Co-Trustee (if applicable)

Taxpayer Identification Number

Date of Trust (month, day, year)

Daytime Telephone Number

Evening Telephone Number

Address

City

State

Zip

Is there a Trustee, Office, or Place of Business in Pennsylvania?

Yes, County is

No

\* Please enclose Trust Documents, Articles of Incorporation, or other documentation verifying the authority of the designated person to act on behalf of the entity.

## 2 Beneficiary Information

The Beneficiary is the person whose education expenses may be paid from the Account.

Name of Beneficiary (first, middle initial, last)



Social Security Number or Taxpayer Identification Number

Birth Date (month, day, year)

Address




City

State

Zip

Telephone Number

PA Resident (select one):

 Yes, County of Residence is 
 No

Relationship to Account Owner (select one):

 Child  Grandchild  Other (Specify) 


Projected Date of College Enrollment (month, day, year)

**If you do not specify the Beneficiary's projected date of College Enrollment, the GSP will deem the Projected Date of College Enrollment to be the August immediately after the date the Beneficiary reaches 18 years of age.**

## 3. Tuition and Residency Levels

For an explanation of Tuition Levels, see the GSP Disclosure Statement. If you do not specify a Tuition Level, the State System of Higher Education Average Tuition Level, State Resident Rate will be designated. You may change your designated Tuition Level at any time. Please note that if your Beneficiary attends a Pennsylvania publicly funded school, the program will pay at the actual tuition rate for that school. All private or out-of-state schools will pay at the average rate for your Tuition Level.

 State-Related University Average (Institution Code 12999)  State Resident Rate  Out-of-State Rate

 State System of Higher Education Average (Institution Code 11999)  State Resident Rate  Out-of-State Rate

 Community College Average (Institution Code 14999)  In-District Rate  Out-of-State Rate

 Ivy League School Average (Institution Code 21999)

 Private Four-Year College Average (Institution Code 22999)

 Specific School (You must specify the school for this election. Please see the GSP Credit Rate Schedule for the complete list of available schools. If you do not specify the school, the State System of Higher Education Average Tuition Level, State Resident Rate will automatically be used.)

If selecting a specific school you must provide the following:

Name of School

Institution Code

 State Resident/In-District Rate  Out-of-District (Community College)  Non-Resident

**4. Successor Owner (optional)**

You may designate a Successor Owner who will become the owner of the Account in the event of the Account Owner's death or incapacity. A Successor Owner must be at least 18 years of age. You may revoke or change your Successor Owner at any time. See the GSP Disclosure Statement for more information. The validity of your designation may depend on applicable state law.

Name of Successor Owner (first, middle initial, last)

Social Security Number or Taxpayer Identification Number

Birth Date (month, day, year)

Address

City

State

Zip

Daytime Telephone Number

Evening Telephone Number

PA Resident (select one):

 Yes, County of Residence is 
 No

E-mail Address

**Note:** You may designate a Successor Owner at a later date by submitting a Services for Your Account Form.

**5. SAGE Scholars (optional)**

You may opt to participate, at no cost, in the SAGE Scholars Tuition Rewards Program through which you can earn tuition discounts at colleges that participate in SAGE. The discount earned is 2.5% of the value of your GSP Account if used for higher education expenses. Each SAGE participating school determines the maximum discount that it will honor, which currently is between \$10,500 to \$53,505 (spread evenly over four years of college).

Your beneficiary is eligible to enroll in the SAGE Scholars Program until he or she is 16 years old.

By enrolling you will receive \$500 in SAGE Scholars Tuition Rewards discounts. Visit [www.tuitionrewards.com](http://www.tuitionrewards.com) to learn more.

Before you can use earned Tuition Rewards you must register at [www.tuitionrewards.com](http://www.tuitionrewards.com).

 I wish to enroll in the SAGE Scholars Program

**6. Enrollment Fee**

To open your GSP Account, you must enclose a non-refundable one-time enrollment fee (unless waived). Please indicate the enrollment fee you are enclosing.

Enrollment Fee (select one):

 \$50 Normal Fee

 \$0 Fee for newborns (within six months of birth), newly adopted children (within six months of adoption), and accounts opened through the Family Savings Account Program.

 Other If you have a coupon entitling you to a reduced enrollment fee, check this line and enter the coupon code:

Coupon Code P

## 7. Initial Contribution

To open your GSP Account, you may also enclose an initial contribution of at least \$15.00. Please indicate the initial contribution you are enclosing. Contributions and rollovers by check will not be available for withdrawal for 7 business days.

An initial contribution of \$     ,     .   is enclosed. Please check any of the following that are applicable to your initial contribution.

- This contribution is a rollover from another Qualified Tuition Program, a transfer from a Coverdell Education Savings Account (formerly an Education IRA), or U.S. Savings Bonds. In order to preserve your federal tax advantages on this contribution, please complete the separate Incoming Rollover Form available by calling 1-800-440-4000 or online at [www.PA529.com](http://www.PA529.com).
- This contribution is from cash proceeds from the sale of assets held in a Uniform Gift to Minors Act/Uniform Transfers to Minors Act (UGMA/UTMA) custodial account for the benefit of the Beneficiary indicated in Section 2 of this Account Application. I understand that I will have control of this Account in my capacity as an UGMA/UTMA custodian for that Beneficiary, and that this means I will not be able to change the Beneficiary of the Account or authorize any distribution from the Account unless the distribution is for use permitted under the law governing the UGMA/UTMA custodial account from which the assets used for this contribution were taken.

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

Indicate the state in which the UGMA/UTMA custodial account was opened.

Checks should be made payable to "GSP" and must be enclosed and mailed with the enrollment form.

## 8. Automatic Contributions Options (optional)

Contributions by automatic investment plan or electronic bank transfer will not be available for withdrawal for 5 business days.

**A. Automatic investment plan (AIP).** Have a set amount automatically transferred from your bank account to your GSP Account on a schedule.

- You may establish this service or change the debit amount and frequency at any time by visiting our website or calling us.
- To set this up, you must provide you bank information in **Section 9**.

**Amount of Debit** (\$15 minimum): \$       .

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

**Start Date:**    -    -       Your bank account will be debited on the 20th of any month, unless you pick a different date.  
Date (month, day, year)

## B. Contributions through Payroll Deduction

You may print a payroll deduction form by logging onto your GSP Account at [www.PA529.com](http://www.PA529.com) and clicking Profile and Documents. Take this form to your Human Resources office to determine if they will permit payroll deductions for the GSP. If your employer has any questions about allowing payroll deduction, please have him or her call a GSP representative. (If you are a Commonwealth of Pennsylvania employee and wish to have deductions into your GSP Account, consult your Human Resources office.)

## 9. Bank Information

**Important:** Please check the box to confirm that your Automated Clearing House (ACH) transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

- **Important:** The AIP option 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 ACH network. Money market mutual funds and cash management accounts offered through nonbank financial companies cannot be used.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Name of Bank Account Owner** (first, middle initial, last)

<input style="width: 100%;" type="text"/>
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**Bank Name**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Bank Routing Number**

<input style="width: 100%;" type="text"/>
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**Bank Account Number**

**Account Type:**  (Check one.)  Checking  Savings

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

For your protection and the protection of the bank Account Owner, a Signature Guarantee of the bank Account Owner is required if the name on your GSP Account is different than the name on the bank account from which deposits are being withdrawn. A Signature Guarantee can be obtained from the bank where the account is maintained. Please note that notarizations by a notary public are NOT acceptable.

### Signature—BANK ACCOUNT OWNER MUST SIGN IF DIFFERENT FROM GSP ACCOUNT OWNER

Do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature. Please note that the PA 529 Account Owner will have access to the bank account information entered above.

▶ S I G N A T U R E

**Signature of Bank Account Owner**

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date (month, day, year)

### Signature Guarantee

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Signature of Guarantor

<input style="width: 100%;" type="text"/>
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Title/Name of Institution

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date (month, day, year)

**Authorized Officer to Place Stamp Here**

## 10. Authorized Agent (optional)

You may designate an authorized agent (Level 1) who may obtain information about your account(s), and have access to account statements from the GSP.

- If you wish to allow greater access, including such things as making changes to the account and authorizing withdrawals (authorized agents Levels 2-4), you must complete a Limited Power of Attorney/Agent Authorization form or Power of Attorney form, available at PA529.com.

**Note:** If your agent is a corporation or other entity, the entity must also complete and submit a GSP Organization Resolution Form.

Name of Agent (Individual, corporation, or other entity)

Social Security Number or Individual Taxpayer Identification Number (EIN if it is an organization)

Address

City

State

Zip

Best Daytime Contact Number

Additional Contact Number (Optional)

Relationship to Account Owner:

Spouse

Advisor

Other. If other provide relationship:

## 11. Certifications

**A.** By signing this application, I represent that (check all that apply):

(I) I am a resident of the Commonwealth of Pennsylvania, and/or

(II) the Beneficiary I have designated is a resident of the Commonwealth of Pennsylvania, as defined in the GSP Disclosure Statement.

**B.** I represent that I have read and understood the GSP Disclosure Statement and the GSP Participation Agreement included in such Disclosure Statement. I also agree that my GSP Account is subject to the terms and conditions set forth in in the GSP Disclosure Statement and GSP Participation Agreement, as may be amended, and agree to be bound by those terms and conditions. I also agree that my GSP Account is subject to all statutory, administrative, and operating procedures as may be amended.

**C.** If I have designated a Successor Owner, by completing, signing and submitting the Enrollment Form, I am agreeing that to the extent permitted by law, the named Successor Owner will become the Account Owner in the event of my death or incapacity, that the named Successor Owner meets all the requirements for being a Successor Owner as specified in the GSP Disclosure Statement. I certify that I have not received any payment or other value for naming the Successor Owner.

**D.** If I have designated an authorized agent in Section 10 of the Enrollment Form, I agree and acknowledge that the Commonwealth of Pennsylvania, the GSP, Upromise Investment Advisors, LLC and its affiliates, are not responsible for misuse of information about my account provided to the named authorized agent.

**E.** If I have indicated I wish to enroll in SAGE Scholars Tuition Rewards Program by completing Section 5 and submitting this enrollment form, I am authorizing and directing the GSP to provide SAGE Scholars, Inc. with my name, address and Social Security number, my Beneficiary's name, address and Social Security number, as well as my e-mail address and information on the amount of SAGE Scholars Tuition Rewards discounts to which I am entitled. SAGE Scholars, Inc. will use this information to administer the SAGE Scholars Tuition Rewards Program and may provide my information to SAGE Scholars member schools so that they may contact me or my Beneficiary.

**F.** If I have chosen the AIP option, I authorize the GSP and Upromise Investment Advisors, LLC 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 9. I authorize the bank to accept any such credits or debits to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the GSP, Upromise Investment Advisors, LLC, Inc. and its respective affiliates, 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 GSP, Upromise Investment Advisors, LLC and the bank, and that the termination request will be effective as soon as the GSP and Upromise Investment Advisors, LLC have 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.

**G.** I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my GSP Account. Account Owners should seek advice from a qualified tax advisor.

**H.** I understand that the guarantee of the GSP is an obligation only of the GSP Fund itself. I further understand that the contributions to my GSP Account are not insured and the payment obligations are not guaranteed by the Commonwealth of Pennsylvania, the Federal Deposit Insurance Corporation, or any other government or governmental agency.

**I.** By signing and submitting this enrollment form, I certify that the information provided on the form is true and correct, subject to the penalties of 18 PA. C.S. Section 4904, relating to unsworn falsification to authorities and acknowledge that any material misrepresentations may void the GSP Contract resulting in my being refunded only the amount I have contributed (*excluding fees*) and forfeiting all growth.

### Account Owner must sign below:



Signature of Account Owner, Trustee, Custodian or Authorized Signer of Corporation or other Entity

-   -

Date (month, day, year)