

2020 CollegenInvest Matching Grant Program APPLICATION FORM

STEP 1: Read the Terms & Conditions for the Program's requirements

STEP 2: Complete and sign this Application Form (next page)

Keep a copy of the Application Form for your records

If you are applying for more than one Beneficiary, you must submit a separate Application Form for each

STEP 3: Attach a copy of your 2019 Federal Income Tax Return to the Application

If a spouse or partner filed a separate return, you must include a copy of their 2019 Return

STEP 4: Submit the Application and 2019 Tax Return

CollegenInvest has moved to a first come, first serve basis on completed applications.

STEP 5: Open a CollegenInvest savings account (if not currently an account owner)

STEP 6: Contribute to your account starting January 1, 2021-December 31, 2021.

If you meet all of the requirements and are approved for a Matching Grant Award, CollegenInvest will match up to \$500 of your contributions (see the Terms & Conditions).

Eligibility Requirements for the Applicant:

- Must be a Colorado resident
- The parent or guardian of the Beneficiary and can claim the Beneficiary as a dependent for tax purposes
- Must meet the Income requirements of the Program as stated in the Terms & Conditions
- In addition to the Application Form, provide a copy of your 2019 Federal Income Tax Return. If a spouse or partner filed a separate return, a copy of their return must also be submitted to CollegenInvest.

Eligibility Requirements for the Beneficiary:

- Must be a Colorado resident
- Must be 8 years old or younger at the time of the initial application
- Must be claimed by the Applicant as a dependent

CollegeInvest Matching Grant Program Application Form

Applications and your 2019 tax information must be submitted.

ACCOUNT OWNER INFORMATION

Your CollegeInvest Account Number owned by you: _____

Your CollegeInvest Plan is which of these: Direct Portfolio Scholars Choice Smart Choice Stable Value Plus

Parent Full Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone Number: _____ Email Address: _____

Social security: _____ Date of birth: _____

How did you hear about the Matching Grant Program? _____

BENEFICIARY INFORMATION

Beneficiary's Full Name: _____ Beneficiary's Date of Birth: _____

Beneficiary's SSN: _____ Gender: _____ Ethnicity: _____

Can you claim the designated Beneficiary as a dependent for federal income tax purposes:

YES NO if NO, you are not eligible to participate in the Program

CollegeInvest Personal Account

Qualifying Plan: _____ Qualifying Account Number: _____

Alternate Plan: _____ Alternate Account Number: _____

ACCOUNT OWNER'S 2019 PERSONAL INCOME & TAX RETURN INFORMATION

Parents/guardians in household count _____

Number of dependent children under age 18 in your household you claim on your taxes _____

Your Family Adjusted Gross Income (AGI) as stated on your 2019 Federal Income Tax Return _____

***REQUIRED *** Attach or enclose a copy of your completed and signed 2019 Federal Income Tax Return (or Non-Taxable Income Form)

By submitting this application, I attest that all information provided above is accurate to the best of my knowledge. I also understand that in the event it is revealed that I provided any false information, CollegeInvest shall immediately revoke any Matching Grant Award.

Applicant's Signature: _____ Date: _____

Send this Application Form and 2019 Federal Tax Return to: CollegeInvest Matching Grant Program
1600 Broadway, Suite 2300
Denver, CO 80202

Questions? Please call 1-800-448-2424 during normal business hours Monday-Friday 8:00a-5:00P