

STABLE VALUE PLUS

529 COLLEGE SAVINGS PLAN

ACCOUNT APPLICATION

I. ACCOUNT OWNER INFORMATION						
This is the person who owns and controls the account.						
First Name	Middle	Initial	Last Name			
Street Address	City	State	Zip Code	Country		
Email Address		Account Own Security Num				
Work Telephone No.	Home Telephone No.	Account Owner's Date	of Birth Month	Day Year		
2. BENEFICIARY INFORMATION						
This is the future student for whom you are establishing this account.						
First Name	Middle Initial	Last	: Name			
Street Address	City	State	Zip Code	Country		
Student's Social Security Number Student's Date of Birth Month Day Year						
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3. DESIGNATION OF SUCCESSOR ACCOUNT OWNER IN THE EVENT OF YOUR DEATH						
By designating a Successor Account Owner, ownership of all assets in this account will be transferred to the named Successor Account Owner in the event of your death. If you choose not to designate a Successor Account Owner, the Beneficiary will become the account owner in the event of your death. See the Plan Disclosure Statement for details.						
Name of Successor Account (Owner	Successor Account Social Security Nu				
Street Address	City	State	Zip Code	Country		
4. PARENT OR GUARDIAN INFORMATION						
Complete only if the Account Owner is under the age of 18 at the time the account is opened (e.g. UGMA account).						
The Parent or Guardian must also sign this Application (Section 8).						
First Name	Middle Initial Last N	ame Social Security No	o	-		
Street Address	City	State	Zip Code	Country		

5. DESIGNATION OF FINANCIAL PROFESSIONAL					
If you have a financial professional that you would like to receive a copy of your Annual Statement, provide his/her name and address here.					
Name Address C	ity State	Zip Code			
6. AUTOMATIC CONTRIBUTION OPTION					
Complete this section if you wish to establish recurring electronic transfers to your Stable Value Plus account.					
Automatic Funds Transfer: If you elect to use our Automatic Funds Transfer (AFT) service from your bank account to your Stable Value Plus account in accordance with the following your bank confirming the account number, title, and type (checking or savings) to this Application of the Application	instructions. Attach				
Financial Institution					
Type of account Checking Savings Bank Account No					
Amount of each transfer (\$25 minimum) Begin Automatic Funds Transfer To be to	ansferred on:				
\$ Month the	14th of each month,	or the 28th of each month			
STAPLE A VOIDED CHECK HERE OR ATTACH A LETT	ER FROM YOUR BA	ANK			
7. TOTAL INITIAL DEPOSIT					
Please enclose a check for your Total Initial Deposit.					
Initial Deposit. \$25 or more for your initial deposit (does NOT apply if you have selected)	ed Automatic Funds Tr	ransfer in Section 6 above).			
Initial Deposit					
UTMA/UGMA Custodial Assets.	Checks should be made payable to Stable Value Plus and mailed to: CollegeInvest 1560 Broadway, Suite 1700 Denver, CO 80202				
8. ACCOUNT AGREEMENT AND SIGNATURE					
By signing below, I hereby apply for a Stable Value Plus account. I have received, read, and agree to the terms and conditions of the Plan Disclosure Statement, Participation Agreement and the Privacy Statement, all of which govern all aspects of this account and are incorporated in their entirety herein by reference.					
Investments in the CollegeInvest Stable Value Plus Savings Plan are not insured by the FDIC or any other government agency; and account owners could lose money investing in the plan. Investments are not guaranteed by the State of Colorado, CollegeInvest, any affiliates of the Metropolitan Life Insurance Company of Connecticut, or any other person or entity. Account Owners assume all investment risks, including the potential for loss of principal, as well as responsibility for federal and state tax consequences.					
Signature of Account Owner		Date			
Signature of Parent or Guardian(if account owner is minor)	Date				