

Instructions

1. Read about College Illinois! 529 Prepaid Tuition Program and obtain a copy of the Master Agreement and Disclosure Statement on our website at 529prepaiddtuition.org/masteragreement. The Master Agreement and Disclosure Statement must be read and agreed to by the Purchaser prior to signing this Application. By signing this Application, you are agreeing to be bound by the terms of the Master Agreement and Disclosure Statement and certify that you meet all eligibility requirements of the Program. A contract consists of this Application, the Master Agreement and Disclosure Statement and the participation and payment schedule that will be provided to you after your Application is processed. If you need assistance completing this Application, please call toll-free 1-877-877-3724.
2. Complete all sections of this Application. **Type** or **print** all information except your signature. Sign and date your Application. A separate Application must be submitted for each Beneficiary. This Application may be photocopied.
3. You will be billed based on the Program Plan and payment method selected.
4. Mail completed Application to **College Illinois! 529 Prepaid Tuition Program, P.O. Box 19291, Springfield, Illinois 62794-9291**. Additional Applications may be mailed in the same envelope. You may apply online at 529prepaiddtuition.org.
5. After your Application is processed, you will receive Program documents and information about making payments. Please allow up to three weeks for receipt of this information.

Applications must be postmarked no later than the last day of the month in order to receive the contract price for that month. If the last day of the month falls on a non-business day for the United States Postal Service (USPS), Applications must be postmarked by the next USPS business day.

Section I: Purchaser Information

Please complete the following information about yourself, the person purchasing the College Illinois! 529 Prepaid Tuition Program contract. You must be at least 18 years of age. Either the Purchaser or the Beneficiary must be a current Illinois resident for at least 12 months prior to the date of this application. The Purchaser is the owner of the contract and entitled to any refund if the contract is canceled.

LAST NAME Mr. Mrs. Miss Ms. Dr. FIRST NAME M.I.

ADDRESS (Number and street, including apartment number)

CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER (or Taxpayer I.D. No.) HOME PHONE WORK PHONE

EMAIL (if available)

If the Purchaser is an organization, please indicate type: Corporation Trust or Non-Profit

NAME

HOW YOU LEARNED ABOUT THE PROGRAM* RACE/ETHNICITY*

TV ad TV/radio interview family, friend or colleague Caucasian Asian Native American

online ad promotional event educational presentation Hispanic/Latino African American Other

magazine ad financial professional direct mail

radio ad news article other (please specify)

newspaper ad website/internet

HOUSEHOLD INCOME LEVEL*

Under \$50,000 \$75-100,000 \$200,000+

\$50-75,000 \$100-200,000

Section II: Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her.

LAST NAME FIRST NAME M.I.

ADDRESS (Number and street, including apartment number)

CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER (or Taxpayer I.D. No.) HOME PHONE SEX: DATE OF BIRTH (mm/dd/yyyy)

Male Female

*optional information

(do not detach)

Automatic Payment Authorization – For Monthly Payments Only

ATTACH A VOIDED CHECK WITH PREPRINTED NAME AND ACCOUNT NUMBER. YOU MUST COMPLETE THE REVERSE SIDE IF A VOIDED CHECK IS NOT ATTACHED.

Save time and postage by signing up for automatic withdrawal for your College Illinois! 529 Prepaid Tuition Program monthly payment. Select one date from the following dates and the monthly payment amount will be deducted from your bank account on that date each month (or the next business day when that date is on a weekend or holiday). A record of these payments will appear on your bank statement. You will be notified in writing when automatic payments are scheduled to begin.

DATE OF WITHDRAWAL 1st 6th 11th of each month Monthly Payment Amount: \$_____ If unspecified, payment amount for plan selected will be debited.

Purchaser Name: _____ Purchaser SSN: _____ - _____ - _____

I hereby authorize College Illinois! 529 Prepaid Tuition Program to initiate debit entries for the monthly payment amount and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account. This authority is to remain in full force and effect until the account is paid in full, or College Illinois! 529 Prepaid Tuition Program has received written notification from me of its termination in such time and manner as to afford College Illinois! 529 Prepaid Tuition Program and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that College Illinois! 529 Prepaid Tuition Program reserves the right to cancel this authorization and will notify me in writing of such action.

Signature of Purchaser (or bank account holder if different than Purchaser)

Date

Section II: Beneficiary Information, continued

AS OF **SEPTEMBER 1, 2009** (NOT DATE OF THIS APPLICATION), WHAT IS BENEFICIARY'S AGE OR GRADE LEVEL AND PROJECTED COLLEGE ENTRANCE YEAR?

BENEFICIARY'S RELATIONSHIP TO PURCHASER:

<input type="checkbox"/> Newborn to 4-year-old	<input type="checkbox"/> Second (2020)	<input type="checkbox"/> Sixth (2016)	<input type="checkbox"/> Child
<input type="checkbox"/> 5-year-old, not in school (2023)	<input type="checkbox"/> Third (2019)	<input type="checkbox"/> Seventh (2015)	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Kindergarten (2022)	<input type="checkbox"/> Fourth (2018)	<input type="checkbox"/> Eighth (2014)	<input type="checkbox"/> Friend
<input type="checkbox"/> First (2021)	<input type="checkbox"/> Fifth (2017)	<input type="checkbox"/> Ninth (2013)	<input type="checkbox"/> Other _____

or all others eligible to use benefits three years from the first payment due date

Section III: Successor Purchaser Information

The Successor Purchaser's rights are limited solely to control of the contract upon the death or legal disability of the Purchaser. The Successor Purchaser may receive contract information but cannot make any changes to the contract during the life of the Purchaser.

LAST NAME Mr. Mrs. Miss Ms. Dr. FIRST NAME M.I.

ADDRESS (Number and street, including apartment number)

CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER (or Taxpayer I.D. No.) HOME PHONE WORK PHONE

Section IV: Plan Choice

Please indicate which plan and the number of semesters you wish to purchase. One semester is equivalent to 15 credit hours; eight semesters (4 years) is equivalent to 120 credit hours. A maximum of 9 semesters may be purchased for any one Beneficiary.

Check only one of the choice options:

CHOICE 1: COMMUNITY COLLEGE	CHOICE 2: UNIVERSITY	CHOICE 3: UNIVERSITY+
01. <input type="checkbox"/> 4 semesters	05. <input type="checkbox"/> 9 semesters	15. <input type="checkbox"/> 9 semesters
02. <input type="checkbox"/> 3 semesters	06. <input type="checkbox"/> 8 semesters	16. <input type="checkbox"/> 8 semesters
03. <input type="checkbox"/> 2 semesters	07. <input type="checkbox"/> 7 semesters	17. <input type="checkbox"/> 7 semesters
04. <input type="checkbox"/> 1 semester	08. <input type="checkbox"/> 6 semesters	18. <input type="checkbox"/> 6 semesters
	09. <input type="checkbox"/> 5 semesters	19. <input type="checkbox"/> 5 semesters
	10. <input type="checkbox"/> 4 semesters	20. <input type="checkbox"/> 4 semesters
	11. <input type="checkbox"/> 3 semesters	21. <input type="checkbox"/> 3 semesters
	12. <input type="checkbox"/> 2 semesters	22. <input type="checkbox"/> 2 semesters
	13. <input type="checkbox"/> 1 semester	23. <input type="checkbox"/> 1 semester
	14. <input type="checkbox"/> 8-semester combination 4 at a community college 4 at a university	24. <input type="checkbox"/> 8-semester combination 4 at a community college 4 at a university

Section V: Payment Options

Please refer to the pricing information online at 529prepaidtuition.org/pricing to select your payment option. Benefits cannot be used until three years after the first payment due date. Contract must be paid in full to use benefits. You will be billed for the correct amount based on the plan selected and the age/grade of the Beneficiary.

Please select only one option. Certain payment options are not available for all plans.

01. <input type="checkbox"/> single, lump sum	05. <input type="checkbox"/> 10-year; annual option	09. <input type="checkbox"/> \$2,000 down + 10-year; monthly option	13. <input type="checkbox"/> \$5,000 down + 15-year; monthly option
02. <input type="checkbox"/> 5-year; monthly option	06. <input type="checkbox"/> 15-year; monthly option	10. <input type="checkbox"/> \$2,000 down + 15-year; monthly option	14. <input type="checkbox"/> \$10,000 down + 5-year; monthly option
03. <input type="checkbox"/> 5-year; annual option	07. <input type="checkbox"/> 15-year; annual option	11. <input type="checkbox"/> \$5,000 down + 5-year; monthly option	15. <input type="checkbox"/> \$10,000 down + 10-year; monthly option
04. <input type="checkbox"/> 10-year; monthly option	08. <input type="checkbox"/> \$2,000 down + 5-year; monthly option	12. <input type="checkbox"/> \$5,000 down + 10-year; monthly option	16. <input type="checkbox"/> \$10,000 down + 15-year; monthly option

Initial payment is due no later than the first day of the second month after the application is received.

Section VI: Authorization

By signing below, I certify that I have read, understand and agree to all the terms and conditions of this Application and the 2009-2010 Master Agreement and Disclosure Statement, and that all eligibility requirements have been met.

Signature of Purchaser (required) Date

ISAC #F3580AP 09/09 (ON3580A 1M 10/09) Printed by authority of the State of Illinois

(do not detach)

THE BELOW INFORMATION REQUIRED ONLY IF A VOIDED CHECK IS NOT ATTACHED ON REVERSE SIDE.

Automatic Payment Authorization – For Monthly Payments Only

Include this form with your application and send to: College Illinois! 529 Prepaid Tuition Program
P.O. Box 19291
Springfield, IL 62794-9291

_____ Name of Bank Account Holder	TYPE OF ACCOUNT <input type="checkbox"/> checking <input type="checkbox"/> savings
_____ Financial Institution	_____ Account Number
_____ Address	_____ Transit Routing Number
_____ City State Zip Code	_____ Phone Number