

Deposit Slip

Complete this form to make additional contributions to your CollegeChoice CD 529 Savings Plan. You may contribute as little as \$25 per month if you use a Direct Deposit Plan (ACH Plan) or \$25 per pay period using Payroll Deduction (if offered by your employer.) ACH Plan and Payroll Deductions are automatically applied to your designated account.

- If your contribution is a rollover from another 529 plan, please enclose a distribution statement or equivalent that shows the basis and earnings portions of your distribution.
- If your contribution is a rollover from a redemption of qualified U.S. Savings Bonds issued after 1989, please visit www.irs.gov for current income limitations. IRS restrictions apply.
- If your contribution is a rollover from a Coverdell Education Savings Account, please enclose a distribution statement or equivalent (issued by the financial institution that acted as trustee or custodian of the account) that shows the basis and earnings.

NOTE: You may also make electronic deposits to your Account using the E-Check option on our website at www.collegechoicecd.com. Call to order additional forms or request assistance in completing this form at **1.888.913.2885**, Monday through Friday, from 9 a.m. to 6 p.m. Eastern Time.

Make checks and electronic transfers payable to: **CollegeChoice CD, CSB as Manager**
Mail or Fax this form and any other required documents to:

- **Mail - College Savings Bank, 2515 McKinney Ave, Suite 1100, Dallas, TX 75201**
- **Fax - 214.481.1289 ATTN: Operations**

1. Account Information

Account Owner or Custodian First Name	MI	Last Name
Beneficiary's First Name	MI	Last Name

2. Deposit Information

Apply towards an EXISTING CD or Savings Account. Minimum of \$25.

<input type="checkbox"/> 1-Year Fixed Rate CD		\$	
	Account Number		Amount
<input type="checkbox"/> 2-Year Fixed Rate CD		\$	
	Account Number		Amount
<input type="checkbox"/> 3-Year Fixed Rate CD		\$	
	Account Number		Amount
<input type="checkbox"/> CollegeSure® Honors Savings Account		\$	
	Account Number		Amount

3. Signature (Required)

By signing below, I certify this deposit is for the intended qualified higher education expenses of the Beneficiary. If this is a rollover, I understand my contribution will be treated as earnings until the Plan receives appropriate documentation from me.

		<input type="checkbox"/> Primary Account Owner/Custodian
Signature	Date (MM/DD/YYYY)	<input type="checkbox"/> Other: _____