

# The Advantage College Savings Plan Enrollment Application

Third Floor  
308 East Bay Street  
Nassau, The Bahamas  
Tel: (242) 502-7010  
Fax: (242) 393-4639



**Please print**

## Section I - Account Owner

Name

Address

City  Country

Occupation   Date of Birth

Telephone

Email  Fax Number

## Section II - Joint Account Holder

Name

Occupation   Date of Birth

Telephone

Initial Deposit: \$  Standard Deposit: \$  Years Term

### PAYMENT REQUIRED WITH APPLICATION

Standard Deposit Type:  Monthly  Annually  Semi-Annually  Quarterly

## Beneficiary

Name

Address

*(If different from the account holder)*

City  Country

Date of Birth    Gender  Male  Female

Relation to Account Holder

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## Certifications - US Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

### Participant

- U.S. Person** Under penalty of perjury, I certify that (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me). And (2) I am not subject to backup withholding because (a) I am exempt from backup withholding; or (b) I have not been notified the the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup with holding.
- Certification Instructions** You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
- Non-Resident Alien** I certify that I am not a U.S. citizen. U.S. resident alien or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.
- Non Applicable** I certify that none of these categories apply to me.

## Common Reporting Standards Certifications

Please check boxes that apply, and sign and date below.

### Participant

- Bahamian Person** Under penalty of perjury, I certify that I am a Bahamian Citizen, a tax resident of The Bahamas only and that the National Insurance number provided in this Application is correct.
- Non-Bahamian Person** I certify that I am a non-Bahamian and a tax resident of the country(ies) as noted in this Application. I also certify that the tax identification numbers(s) (TIN) provided in this Application are correct.

If you are a Non-Bahamian Person and do not provide a TIN or its equivalent, please tick the appropriate reason below

- Reason A** The country/jurisdiction does not issue TINs to its residents.
- Reason B** Unable to obtain a TIN or equivalent number. Please explain why unable to obtain a TIN if this reason is selected.
- Reason C** No TIN is required. (Only select if the authorities of the country/jurisdiction of tax residence do not require the TIN to be disclosed).

Please explain why unable to obtain a TIN if Reason B was selected.

## Disclosure of Participant information

- CFAL, its Officers and Directors, employees and other authorized persons are obliged to furnish certain information when lawfully required to do so by any Court of competent jurisdiction within The Bahamas or under the provisions of any law of the Bahamas. Further they may disclose information relating to the identity, assets, liabilities, transactions and accounts of a customer with the express or implied consent of the customer concerned.
- I authorize CFAL to give, divulge the account information to Bahamian and or/foreign entities if the transactions resulting from the management of the account make it necessary.

Employee Signature

DAY	MONTH	YEAR

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## Please indicate Investment Option:

Age-Based Option       Custom Choice       Fixed Income

If Custom Choice, please indicate strategy below:

<input type="checkbox"/> Conservative	
<input type="checkbox"/> Balance	
<input type="checkbox"/> Target Rate	

The undersigned applicant(s) hereby applies to Colina Financial Advisors Ltd. for The Advantage College Savings Plan and acknowledges the following:

- 1) An annual fee of \$25 will be deducted quarterly in arrears.
- 2) A copy of this application when completed, properly dated and signed by the authorized representative is receipt of initial deposit.

I/We certify that all the information and statements made above are, to the best of my/our knowledge, true and correct and complete.

Account Owner (1)	Account Owner (1) Signature	Date
<input type="text"/>	<input type="text"/>	DAY MONTH YEAR 
Account Owner (2)	Account Owner (2) Signature	Date
<input type="text"/>	<input type="text"/>	DAY MONTH YEAR 

(Agreement # \_\_\_\_\_) For Office Use Only

