



SON (Service Organization Number)

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Designate Program Beneficiary

Check	Initial	
<input type="checkbox"/>	<input type="checkbox"/>	Service Organization
<input type="checkbox"/>	<input type="checkbox"/>	Education

Savings Account Application

NCES School ID (8 or 12 character code*): _____ Date of Application ____/____/____

Name _____

Birth date [optional] ____/____/____ PIN (4 digits) [optional] _____

Primary Email _____ Secondary Email [permanent] _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone () _____

Death Beneficiary _____

Relationship _____

Primary Email _____ Secondary Email [permanent] _____

Address _____

City _____ County _____ State _____ Zip Code _____

Phone () _____

Accumulation of TMI SAVINGS 4 U funds will be paid quarterly into your account after certification of fund balance by independent Certified Public Accountant.

School Name & City _____

*Public School has 12 digit NCES number; Non-Public School has 8 character NCES code.