

# 2011 APPLICATION FOR MISSISSIPPI PREPAID AFFORDABLE COLLEGE TUITION PROGRAM (MPACT)

## Instructions

1. Please read the MPACT Program booklet and disclosure. If you need additional information or assistance in completing this application, please call toll free 1-800-987-4450, prompt 1, 8 a.m.- 5 p.m. CST, Monday through Friday. You can also complete your application and make payments on our web site – [www.CollegeSavingsMississippi.com](http://www.CollegeSavingsMississippi.com).
2. Complete all sections of the application. A separate application must be submitted for each child along with a \$60 application fee per child.
3. TYPE OR PRINT ALL INFORMATION except your signature. Sign and date your application.
4. Enclose a check or money order, made payable to MPACT in the amount of \$60 per application. Your application will not be accepted without this fee. THE APPLICATION FEE IS NON REFUNDABLE. Lump sum, annual payments and down payments are due by **February 1, 2012**. Monthly payments will begin on **February 1, 2012**. You will be billed separately according to the payment option you selected.
5. Mail the completed application and the \$60 fee, postmarked no later than **December 31, 2011** to: MPACT, c/o College Savings Mississippi, P. O. Box 120, Jackson, MS 39205-0120, or bring the completed application to the MPACT Office, 1101 Woolfolk State Office Building, 501 N. West Street, Jackson, MS. Newborns can enroll anytime.

**When we have processed your application, you will receive from us a confirmation letter with information about making payments and a copy of the MPACT Program Rules and Regulations. Please allow up to six weeks for receipt of this information.**

FOR OFFICE USE ONLY			
\$60 Enclosed _____	None _____	Other \$ _____	Check Amount _____
Related Applications _____		Other _____	

## SECTION I. PURCHASER INFORMATION

Please complete the following information about YOURSELF, the person purchasing the MPACT Contract. You must be of legal age. The Purchaser is the owner of the contract. (If the contract is cancelled, the Purchaser is entitled to a refund.) *(please type or print in ink)*

Mr.  Mrs.  Miss  Ms.  Dr.

LAST NAME FIRST NAME M.I. SUFFIX

ADDRESS (Number and street, including apartment number)

CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER (OR TAXPAYER I.D. NO.) PRIMARY PHONE SECONDARY PHONE

**Is the Purchaser or Beneficiary a Mississippi resident?**  Yes  No E-mail \_\_\_\_\_

(Either the Purchaser or the Beneficiary must be a Mississippi resident or the application will not be accepted.)

**Purchaser's relationship to the Beneficiary** (Choose one)  Parent  Grandparent  Other (specify) \_\_\_\_\_

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

## SECTION II. BENEFICIARY INFORMATION

The Beneficiary is the child for whom you are buying the MPACT Contract. Please complete the following information about him or her.

**Be sure to supply the child's social security number. This information is required.**

LAST NAME FIRST NAME M.I. SUFFIX

ADDRESS (Number and street, including apartment number)

CITY STATE ZIP COUNTY

SOCIAL SECURITY NUMBER (OR TAXPAYER I.D. NO.) PRIMARY PHONE EMAIL ADDRESS

Male  Female

SEX DATE OF BIRTH (Month/day/year)

**(NOTE: Beneficiary must be 18 or younger as of September 1, 2011.)**

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SECTION II. BENEFICIARY INFORMATION (cont'd)

(Choose One) Beneficiary's age or current grade in school and projected college entrance year as of **September 1, 2011**.

- Newborn (2029)     1 year old (2028)     2 year old (2027)     3 year old (2026)     4 year old (2025)     5 year old, not in school (2025)  
 Kindergarten (2024)     First (2023)     Second (2022)     Third (2021)     Fourth (2020)     Fifth (2019)     Sixth (2018)  
 Seventh (2017)     Eighth (2016)     Ninth (2015)     Tenth (2014)     Eleventh (2013)     Twelfth (2012)

SECTION III. CHOICE OF PLANS

Please indicate your choice of a plan and the number of years of college tuition and fees you wish to prepay (maximum of five years). (Choose one)

**Senior College Plan**

- Senior College Plan – 5 years  
 Senior College Plan – 4 years  
 Senior College Plan – 3 years  
 Senior College Plan – 2 years  
 Senior College Plan – 1 year

**Junior College Plan**

- Junior College Plan – 2 years  
 Junior College Plan – 1 year

**Junior/Senior College Plan**

- 2 years Junior/2 years Senior  
 2 years Junior/3 years Senior  
 1 year Junior/3 years Senior  
 1 year Junior/4 years Senior

SECTION IV. PAYMENT SCHEDULE

Please select your payment option. (Choose one)

The brochure lists some possible schedules and amounts. You may also be eligible for payment options not shown on the tables in the brochure. If you are interested, please call for details.

**Lump Sum Payment**

- Single, lump-sum payment

**Annual Payments**

- Annual payments over 3 years (9th grade or younger)  
 Annual payments over 5 years (7th grade or younger)

**Monthly Payments**

- 3-year monthly payment (9th grade or younger)  
 5-year monthly payment (7th grade or younger)  
 6-year monthly payment (6th grade or younger)  
 9-year monthly payment (3rd grade or younger)  
 10-year monthly payment (2nd grade or younger)  
 12-year monthly payment (Kindergarten or younger)  
 Extended monthly payment

If a portion of your contribution is a rollover, check here

You will be billed for the correct amount based on the plan you have chosen and the age of the Beneficiary.

If selecting an option including **monthly** payments, indicate your preference between paying via Automated Bank Draft, Coupon Book, or Payroll Deduction.

- Automatic Bank Draft** (Complete enclosed ACH form)     **Coupon Book**     **Payroll Deduction** (Complete enclosed form)

We will automatically issue a payment coupon to use until the payroll deduction and ACH are in effect.

**Down Payment Option**

If your plan choice is eligible and you would like to indicate a down payment option, you must first choose a monthly or annual payment option from above.

Please indicate a down payment amount (Choose one):  \$1,000     \$2,000     \$5,000     \$10,000

**\*Your down payment is due February 1, 2012 along with your first monthly or annual payment.**

SECTION V. OPTIONAL INFORMATION

You are NOT required to complete this section. However, your responses will help us plan for future enrollment periods.

How did you learn about the prepaid tuition program? (Choose one)

- Newspaper Article     Newspaper Ad     Television     Radio     Bank     Word of Mouth     School     Internet     Financial Advisor  
 Speech/Employer Educational Program     Facebook     Other (Specify) \_\_\_\_\_

Educational Level of the Purchaser (Indicate highest level)

- High School Graduate     GED     Associate's Degree     Bachelor's Degree     Master's Degree     Ph.D.     Other (Specify) \_\_\_\_\_

Race of Beneficiary (Choose one)

- White     African-American     Hispanic     Native American     Other (Specify) \_\_\_\_\_

Annual Family Income (Choose one)

- Less than \$20K     \$20K-29,999     \$30K-39,999     \$40K-49,999     \$50K-79,999     \$80K-100K     Over \$100K

Would you be willing to be interviewed by the press regarding your participation in the MPACT program?  Yes     No

*(We would always call you first before releasing your name.)*

I hereby certify: (1) that the information on this application is true and accurate to the best of my knowledge and acknowledge that a substantial fee may be applied for contract termination resulting from material misrepresentation on this MPACT application; (2) that I have not accepted any form of payment or remuneration for entering into a contract for the benefit of a nonresident beneficiary; and (3) that I have read the entire MPACT Enrollment Booklet, understand that MPACT's Program Description, Rules, Regulations & Procedures are also a part of the MPACT Contract, and that I can request a copy of that document prior to submission of this application. By signing below I hereby agree to the terms of the MPACT Contract.

SIGNATURE OF PURCHASER

DATE

**CollegeSavingsMPACT**  
MISSISSIPPI

Guaranteed by the State of Mississippi



MPACT Application 2011 • Revised 7/11