



School Savings Program
Application / Signature Form

School: Account Number:
Grade: Teacher:

Please complete all sections listed and sign.

Student Applicant

Name:
Date of birth: Place of birth (Town, State):
Social Security Number: Mother's Maiden Name:
Street Address:
City, State, Zip:
Mailing Address (if different):
City, State, Zip:
Home Phone #:

Student Signature:

Parent or Legal Guardian

Name:
Street Address:
City, State, Zip:
Mailing Address (if different):
City, State, Zip:
Home Phone #: Work Phone #: Cell Phone #:

Taxpayer Identification Number Certification

I certify under penalties of perjury that the taxpayer identification number (TIN) provided is correct, I am a U.S. person (including a U.S. resident alien), and I am either exempt from backup withholding under Internal Revenue Service regulations, or I am not subject to backup withholding. The above statement is true with the exception that:

- I am subject to backup withholding because of underreported interest and dividends.
I have applied or will soon apply for a TIN. If one is not provided to this institution within 60 days from today, I will be subject to backup withholding.
N/A I am a Foreign Recipient and have provided this institution with the appropriate form W-8 certification.

Student Signature:

Signature of Parent or Legal Guardian certifies minor's SSN:

Bank use only: Save for America - Volunteer or Coordinator: Completed by Date
MVSBS CSR: Completed by Date