

Grantor/Depositor (Contributor)

 Check here if Amendment

Name	Social Security Number	Home Phone Number
Customer Address	Sex (Male or Female)	Daytime Phone Number
Customer Address		

Designated Beneficiary (Future Student) Information

Name	Social Security Number	Home Phone Number
Beneficiary Address	Sex (Male or Female)	Daytime Phone Number
Beneficiary Address	Date of Birth	

Responsible Individual (Parent or Guardian of Designated Beneficiary) Information

Name	Social Security Number	Home Phone Number
Responsible Individual Address	Sex (Male or Female)	Daytime Phone Number
Responsible Individual Address	Relationship to Designated Beneficiary	

Optional Provisions

If the Trustee/Custodian Checks this box, the following optional provision is available to the Grantor/Depositor:

If the Grantor/Depositor checks this box, the Responsible Individual shall continue to serve as the Responsible Individual for the Trust/Custodial Account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the Trust/Custodial Account and the Trust/Custodial Account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

If the Trustee/Custodian checks this box, the following optional provision is available to the Grantor/Depositor:

If the Grantor/Depositor checks this box, the Responsible Individual may change the Designated Beneficiary under this agreement to another member of the Designated Beneficiary's family described in Internal Revenue Code section 529 (e)(2) in accordance with the Trustee/Custodian's procedures.

Deposit Information

Type of Deposit:	<input type="checkbox"/> Regular
	<input type="checkbox"/> Rollover from another Education IRA
	<input type="checkbox"/> Transfer from another Education IRA
	<input type="checkbox"/> Reinvestment from another Education IRA
Amount of Deposit: \$	_____

Name and Address of Trustee/Custodian

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Adoption and Acknowledgement

This Application is made part of the Education Individual Retirement Account. I acknowledge receipt of the Education IRA Agreement establishing this Education IRA, the Disclosure Statement, and a copy of this Application. I certify that, to the best of my knowledge, the information provided on this form is true and correct and it may be relied on by the Trustee/Custodian. I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/ Custodian liable for any adverse consequences that may result from this transaction. I acknowledge that this contribution is a completed gift to the designated beneficiary and that the Responsible Individual shall exercise all future control over this account. By signing, I acknowledge receiving and agree to each and every term, condition, and provision of the Deposit Agreement (including, without limitation, the ARBITRATION AND WAIVER OF JURY TRIAL provisions for changing the terms thereof) and related disclosures for this account.

Signature of Grantor/Depositor	Date	Authorized Signature of Trustee/Custodian	Date
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Thank you for banking with Regions!

 Distribution: Original - CD/IRA Operations
 1st Copy - Grantor/Depositor
 2nd Copy - Responsible Individual

IRA Account Opening

In order to comply with the U.S. Patriot Act, please respond to the following questions

Name of current employer _____

Occupation _____

Number of years at current employer _____

Years at current residence _____

Are you a US Citizen? Yes _____ No _____

Are you a current or former foreign political official, or an associate or family member of one? Yes _____ No _____

Signature: _____

Print name: _____

If you have any other questions or concerns, contact me toll-free at 1-800-388-4727.