

ALABAMA HIGHER EDUCATION 529 FUND ENROLLMENT FORM FOR OTHER ENTITIES

Use this form if you or the Designated Beneficiary are a resident of Alabama, and you are not working with a financial advisor

This form is intended for use by an eligible trust, corporation, estate, or state or local government within the United States, to establish an Alabama Higher Education 529 Fund account(s). Please print clearly in blue or black ink and in all capital letters. An authorized representative of the eligible entity must sign Section 8 to complete the enrollment process.

Return the completed form to:

Higher Education 529 Fund
P.O. Box 8138
Boston, MA 02266-8138

Overnight Delivery:

Higher Education 529 Fund
30 Dan Road
Canton, MA 02021-2809

1. Designate the account owner*

Complete this section for the **Account Owner**. The Account Owner is the eligible entity that controls the account, names the Designated Beneficiary, directs withdrawals and receives the account statements. Eligible trusts should complete Sections A and C. Eligible corporations, estates, or state or local governments, should complete Sections B and C.

A. Designate a trust as the account owner

Trustee's First Name M.I. Last Name

Name of Trust

Trust's Taxpayer Identification Number Situs (legal/tax location) of Trust (state) Date of Trust (mm/dd/yyyy)

Co-Trustee's First Name M.I. Last Name

B. Designate an organization or entity as the account owner

Check One: Corporation Government Entity Estate Other

Name of Organization or Entity

Taxpayer Identification Number or Social Security Number State of Incorporation or Situs (legal/tax location) of Entity

Please refer to IRS Form W-9 for further instructions on which ID number to provide.

C. Contact information for trust, organization, or entity

Street Address [Permanent residence address for account owner or principal place of business (for entities only)]. Do not use P.O. Box.

City State Zip Code

Daytime Telephone Number

*Required information

Is the source of any contribution to the account from an UGMA/UTMA custodial account? Yes No

If yes, any UGMA/UTMA funds contributed to this account will be held with you as the custodian under the applicable UGMA/UTMA. These assets will be tracked under the Designated Beneficiary's Social Security number.

Authorizing Documents* (Refer to Section 10.)

You must attach a certificate of good standing, declaration page, or similar document as evidence of the existence of the account owner.

2. Select your designated beneficiary*

The **Designated Beneficiary** is the individual whose qualified higher education expenses will be paid from the account.

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Applied For	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address (if same as account owner, write "same") Do not use P.O. Box.		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residency Status U.S. Citizen Resident Alien

Alabama Prepaid Affordable College Tuition Program Participation

Check here if the Designated Beneficiary is the beneficiary of a PACT Program contract.

Scholarship Programs

Check here if no Designated Beneficiary is named because the account is being established as part of a scholarship program by a state or local government or by an organization described in the Internal Revenue Code, Section 501(c)(3).

3. Designate a successor account owner

You may name an individual who will become the Account Owner in the event of your death, resignation, or refusal to act. If you do not name a Successor Account Owner, your estate will become the Successor Account Owner in the event of your death. Transfers of accounts to Successor Account Owners may raise estate and gift tax issues. You should consult a qualified tax advisor about these issues.

Successor Account Owner's Name (Individual or Entity Name)

<input type="text"/>		
<input type="text"/>		
Taxpayer Identification Number or Social Security Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Street Address (Street, apartment, suite number, rural route box number) Do not use P.O. Box.		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residency Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		

*Required information

4. Choose your investment

The Alabama Higher Education 529 Fund allows you to make certain investment choices when you establish each account. Subject to certain limitations, you will have an opportunity to change your investment selections once per calendar year. Each investment choice and your ability to change your investment selections is explained in the Program Disclosure Statement and any Supplements, which you must read before completing this form.

The minimum initial contribution to each portfolio is \$250, unless you are contributing through an automatic investment plan or an automatic payroll deduction plan, in which case the initial and subsequent contributions must be at least \$25 per portfolio per month.

Indicate the number of years to enrollment* (the number of years + until the Beneficiary will enroll in an eligible educational institution):

*If a Years to Enrollment Portfolio is selected and the number of years to enrollment is not provided, the account(s) will be assigned to a portfolio based on the designated beneficiary's birth date plus 18 years.

Note: This information is required to process the form correctly. When selecting a Years to Enrollment Portfolio, you can only designate one time horizon per application.

Select from any of the three portfolio options listed. Follow the contribution requirements listed above and designate a dollar amount for each selection.

Portfolio Number*	Contribution (Dollar Amount)	Percentage
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %
Total amount to be invested in ALL selected portfolios:	Contribution \$ _____	100 %

*Required information

Alabama Higher Education 529 Fund Portfolios

Customize your investment by selecting one or more portfolios that suit your time horizon and risk tolerance.

A. Years to Enrollment Portfolios*

Find the portfolio time horizon that coincides with the number of years to enrollment you indicated. (Example: If you indicated that the first withdrawal will be in 8 years, your account falls into the "9-7 Years" time horizon.) From the options available for that time horizon, select the portfolio that suits your risk tolerance.

Portfolio Time Horizons	Portfolio Numbers
10+ Years	
Aggressive 1	1401
Moderate 1	1402
Conservative 1	1403
9-7 Years	
Aggressive 2	1404
Moderate 2	1405
Conservative 2	1406
6-4 Years	
Moderate 3	1407
Conservative 3	1408
3-2 Years	
Conservative 4	1409
1 Year or Less	
Conservative 5	1410

*You must select a portfolio in a time horizon that is consistent with the number of years to enrollment you indicated in Section 4.

B. Fixed Portfolios

Portfolio Style	Portfolio Numbers
Equity	1411
Bond	1412
Short Term Income	1413

C. Individual Fund Portfolios

Portfolio	Portfolio Numbers
Equity and Income	1414
Comstock	1415
Small Cap Value	1416
Strategic Growth	1417
Mid Cap Growth	1418
Global Franchise	1419
Government Securities	1421
Core Plus Fixed Income	1422
International Growth	1423
Pace	1424
Small Cap Growth	1425
S&P 500 Equity Index	1426
US Bond Market Index	1427

5. Designate contribution methods

Check the appropriate boxes below to indicate your contribution(s) to the account.

- Check** Enclose a check made payable to "Higher Education 529 Fund." (Write the beneficiary's name in the memo field.)
- Transfer/Rollover** If the contribution represents a tax-free transfer or rollover from another Higher Education 529 Fund account, another Qualified Tuition Program, a Coverdell Education Savings Account distribution or the proceeds of a redemption from a qualified U.S. Savings Bond, **you must complete a Transfer/Rollover Form and submit it with this Enrollment Form.**
- Automatic Investment Plan (AIP)—optional** Allows automatic transfers from my bank account into a Higher Education 529 Fund account. **You must complete Section 5A and enclose a voided check or deposit slip (preprinted with your name) with this form to establish this option.**
- Automatic Payroll Deduction Plan** Allows direct contributions from your paycheck into a Higher Education 529 Fund account. Consult your Human Resources Department to verify this option is available. **Please complete a Payroll Deduction Authorization form and submit a copy to your company administrator.**
- Proceeds from Van Kampen account** Transfer from a Van Kampen non-retirement mutual fund account.
Withdraw _____ (shares) or \$ _____
and transfer the proceeds from the following Van Kampen mutual fund: _____

My Van Kampen mutual fund account number is:

Please note the following conditions apply:

1. The amount/shares indicated above will be redeemed, and you may be subject to tax on any gain. In addition, you may be assessed a sales charge (cdsc) upon redemption of the proceeds. Initial or deferred sales charges are also applicable upon purchase.
2. This transfer is only available from the following types of accounts:
 - a. An existing individual Van Kampen account on which you are registered as the owner.
 - b. An existing Van Kampen joint account on which you are registered as a co-owner. **A signature guarantee is required.**
 - c. An existing UGMA/UTMA custodial account on which you are registered as custodian.
3. The redemption of shares from your existing account will be made on the date Van Kampen receives all the necessary information in good order. The purchase of shares for your Higher Education 529 Fund account will be made on the business day following the redemption.

A. Automatic Investment Plan Designation

Automatic Contribution Frequency (check one):

- Monthly (\$25 min) Quarterly (\$75 min) Semi-annually (\$150 min) Annually (\$300 min)

Begin Automatic Contributions on: (mm/dd/yyyy)

If you do not select a date, the transfer will be made on or about the 18th of the month.

I want the money transferred into the portfolio(s) indicated below. To identify the portfolio(s) into which you want the money transferred, write the portfolio's 4-digit reference number from Section 4 in the boxes provided below. Use the same reference numbers here to indicate the portfolio(s) into which the automatic contributions should be made. Be sure to indicate the amount of each automatic contribution in the space provided.

Portfolio Number	Amount
<input type="text"/>	\$ _____
Portfolio Number <input type="text"/>	\$ _____
Portfolio Number <input type="text"/>	\$ _____
Total \$ _____	

Your AIP must be for at least \$25 per portfolio, per month. If you select more than one portfolio with a total sum of \$25, we will only invest the money in the first portfolio listed.

B. Bank Account Information

Please transfer the money from my personal bank account (check one):

Checking Savings

Name of Financial Institution <input type="text"/>	Bank Account Number <input type="text"/>	ABA Routing Number <input type="text"/>
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C. Authorization

X _____
 Signature of Bank Account Owner Date Signature of Joint Bank Account Owner, if applicable Date

6. Optional Account Privileges

A. Systematic Exchange Plan (optional)

Regularly exchange a predetermined amount from one 529 portfolio and reinvest it into another 529 portfolio of the same registration.* Please check with your financial advisor concerning the tax consequences of all securities transactions.

Automatic Exchange Amount \$

Frequency (check one):

Monthly (\$25 min) Quarterly (\$75 min) Semi-annually (\$150 min) Annually (\$300 min)

Begin Systematic Exchanges on: (mm/dd/yyyy)

If you do not select a date, the transfer will be made on or about the 18th of the month.

Source Portfolio Number – Source Account Number (You must have at least \$250 in the source portfolio in order to initiate a systematic exchange plan.)

Destination Portfolio Number – Destination Account Number (You must transfer at least \$25 per portfolio per month.)

* Please note: IRS guidelines limit changes in 529 investment selections. Initiating a systematic exchange plan on an existing account or making subsequent changes to a systematic exchange plan may be considered a change of investment selection. Please refer to the Program Disclosure Statement.

B. Transaction Options (includes automated and telephone)

Automated

Buy fund units at any time through vankampen.com or call (800) 847-2424. See the Program Disclosure Statement for details.

This privilege will be established only if you include a preprinted voided check or savings deposit slip. If you do NOT want the automated transaction privileges, check the box below.

I decline automated transaction privileges. I will still have access to account information and fund prices through **(800) 847-2424** and vankampen.com.

Telephone

Additionally, your account automatically includes the privilege to request distribution to your designated bank account by speaking with a telephone representative, during market hours. If you do NOT want these privileges, check the box below.

I decline telephone distribution privileges.

You can choose to have your distribution sent to your bank account via wire (requires one day processing) or ACH (generally requires two day processing). Some banks may charge an incoming fee for wires, please check with your bank prior to requesting a distribution.

Tape A Voided Check Or Deposit Slip Here. You must enclose a preprinted voided check or preprinted deposit slip with this form to establish the AIP or Automated Transaction options.

7. Optional information (about the account owner)

Highest Degree of Education Attained

- Elementary/Secondary School
- High School
- Vocational/Technical Degree
- Some College
- Junior College Degree
- College Degree
- Post Graduate College Degree

Current investments in which I participate (check all that apply): IRA

- Coverdell Education Savings Account
- Company-sponsored retirement plan
- Mutual Funds
- Stocks and Bonds
- CDs/Savings Accounts
- Separately Managed Account
- Variable Annuity
- UGMA/UTMA
- Other

Number of Dependents

- 0
- 1
- 2
- 3 or more

Household Income

- Up to \$30,000
- \$30,000–\$49,999
- \$50,000–\$74,999
- \$75,000–\$99,999
- \$100,000–\$200,000
- Over \$200,000

How did you hear about this plan?

- TV
 - Newspaper
 - Radio
 - Direct mail
 - Friend
 - Other (please explain)
-

Employment Status

- Self employed
- Retired
- Full-time
- Part-time
- Not employed

Account Owner's Relationship to Beneficiary

- Self
- Parent
- Spouse
- Grandparent
- Other Relative
- Friend/Other

8. Sign this application

You must complete this section to establish your account.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

Until you provide the required information and/or documents, we may not be able to open an account or effect any transactions for you.

I understand that my purchase order will not be processed unless this account application and purchase payment are received in good order.

I understand that Van Kampen Asset Management, or its designated agent (Van Kampen), will attempt to collect the missing information required by either contacting me or my broker. If Van Kampen is not able to obtain this information within a reasonable timeframe, I understand that the application will be rejected.

I understand that if Van Kampen obtains the required information, my investment will be accepted and I will receive the price as of the next calculated net asset value after all information is received.

I understand that Van Kampen will attempt to verify my identity within a reasonable timeframe after this application is received. If Van Kampen is unable to verify my identity, I understand that Van Kampen reserves the right to restrict additional transactions and/or liquidate my account at the next calculated net asset value after the account is closed (minus any applicable sales charges) via check, that the redemption proceeds may be higher or lower than my initial investment, that I may lose money based on market conditions at the time of redemption, and that this transaction may create a taxable event.

I have received the Account Agreement, Program Disclosure Statement, Supplement to the Program Disclosure Statement, and the Van Kampen Privacy of Notice. I understand, by signing this Enrollment Form, I am also signing and agreeing to be bound by the terms and provisions of the Account Agreement, which is attached to the Program Disclosure Statement, the Alabama Higher Education 529 Fund Rules and Title 16, Chapter 33C of the Code of Alabama 1975.

I understand contributions made to the account are not insured and the investment returns are not guaranteed by the FDIC, the State or any other government or government agency, nor are any investment returns promised or guaranteed by Van Kampen. I understand contributions are subject to the risks set forth in the Program Disclosure Statement and I could lose money by investing in the Alabama Higher Education 529 Fund.

I certify, to the best of my knowledge, the amount of this contribution plus the total value for all accounts in the Alabama Higher Education 529 Fund and of any PACT Program contracts held on behalf of this Designated Beneficiary does not exceed the current Alabama Higher Education 529 Fund maximum account balance limitation.

I understand, in compliance with the Federal Privacy Act of 1974, the disclosure of the Social Security numbers of the Designated Beneficiary and myself on this form is mandatory pursuant to 26 USC sections 529 and 3406. The Social Security numbers will be used to comply with the reporting and withholding rules of the Internal Revenue Code.

I agree to indemnify and hold harmless the Program, the Program Trust Fund, the Board, the Treasurer, the State, and each Indemnitee as defined in Section 17 of the Account Agreement against any claim, loss, expense, or damage, including reasonable attorneys' fees, in connection with any automated or telephone transactions effected with respect to my account. Van Kampen employs procedures it considers to be reasonable to confirm that instructions communicated by telephone or Internet are genuine. Such procedures include requiring certain personal identification information prior to acting upon telephone or Internet instructions. Additionally, I understand the automated transaction privilege may be modified at any time. I also understand all of the privileges and features selected on the Enrollment Form or the Account Services Form, including the automated transaction privilege if I have not declined it or if I have accepted it, as applicable, are subject to the conditions and provisions set forth in the Program Disclosure Statement.

All of the information I have provided on this form, and all of the representations set forth in Section 8 of the Account Agreement, are true and accurate. I understand that if I have made any false statements or misrepresentations, my account may be closed, all applicable taxes and penalties will apply, and the remaining balance will be returned to me.

8. Sign this application (Cont.)

I certify the selections made on this Enrollment Form and the establishment of the account(s) for the Designated Beneficiary named herein are permitted by and consistent with the governing documents of the account owner.

I understand each account established hereby is governed by a pre-dispute arbitration clause, which is set forth in Section 20 of the Account Agreement. I acknowledge receiving a copy of the pre-dispute arbitration clause.

I certify, under penalties of perjury, that (1) my Social Security or tax 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 by 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 withholding and (3) I am a U.S. person (including a U.S. resident alien). (Please cross out item (2) above if it does not apply to you.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Authorized Representative for the Account Owner

Title

Date (mm/dd/yyyy)

9. Mail the completed form

To ensure your enrollment is completed as quickly as possible, please verify that you have done the following:

Enrollment Form Checklist

- Completed each section of the form
- Signed Section 7 of this form
- Included a voided preprinted check or
- Attached the Authorizing Documents requested in Section 1C of this form preprinted deposit slip, if applicable
- Indicated the Portfolio(s)/Unit Class in which you want to invest

Return the completed form to your financial advisor, or mail to:

Alabama Higher Education 529 Fund
P.O. Box 8138
Boston, MA 02266-8138

Questions?

For more information, contact your financial advisor. You may also visit www.treasury.state.al.us or call 866.529.ACCT (2228).

10. Required Documents for Verification of Non-Individual Entity

Attach Required Identification Documents to Account Application

Non-Individual Entity	Formation/Organization Documents	Document Identifying Persons With Authority Over the Account	Supplemental Information Non-U.S. Only
Trust	Excerpts from existing Trust Agreement (First page, section(s) containing trustee investment powers, trustee(s) appointment(s), and signature page(s) of trustees) OR Notarized Trustee(s) Certification	List of Trustees	1. Name of Trustee(s) 2. Taxpayer Identification Number (TIN) of Trustee(s)* 3. Date of Birth of Trustee(s) 4. Address and Country of Citizenship of Trustee(s)
Corporation	Articles of Incorporation OR Certificate of Incorporation	Corporate Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. TIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories
Partnership	Excerpts from existing partnership agreement (First page, sections containing partner investment powers, partner appointments, and signature page(s) of general partners) OR Certificate of formation/existence from state filing	(See Formation/Organization Documents)	1. Name of Partners 2. TIN(s) of Partners* 3. Date(s) of Birth of Partners 4. Address and Country of Citizenship of Partners
Limited Liability Company (LLC)	Excerpts from LLC Operating Agreement (First page, sections containing investment powers) OR Articles of Organization	LLC Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. TIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories
Nonprofit Organization or Other Incorporated or Non-incorporated Entity (e.g., charitable, religious, educational, medical organization, association)	Articles of Incorporation OR Resolution of Governing Body reflecting existence and formation of organization	Entity Resolution or List of Authorized Signatories	1. Names of Authorized Signatories 2. TIN(s) of Authorized Signatories* 3. Date(s) of Birth of Authorized Signatories 4. Address and Country of Citizenship of Authorized Signatories

*If there is no taxpayer identification number, please provide any one of the following: 1) passport number and country of issuance; 2) alien identification card number; or 3) number and country of issuance of any other unexpired government-issued document evidencing nationality or residence and bearing a photograph.

VAN KAMPEN PRIVACY NOTICE

The Van Kampen companies and investment products* respect your right to privacy. We also know that you expect us to conduct and process your business in an accurate and efficient manner. To do so, we must collect and maintain certain nonpublic personal information about you. This is information we collect from you on applications or other forms, and from the transactions you conduct with us, our affiliates or third parties. We may also collect information you provide when using our Web site, and text files (also known as "cookies") may be placed on your computer to help us recognize you and to facilitate transactions you initiate. We do not disclose any nonpublic personal information about you or any of our former customers to anyone, except as permitted by law. For instance, so that we may continue to offer you Van Kampen investment products and services that meet your investing needs, and to effect transactions that you request or authorize, we may disclose the information we collect to companies that perform services on our behalf, such as printers and mailers that assist us in the distribution of investor materials. These companies will use this information only for the services for which we hired them, and are not permitted to use or share this information for any other purpose. To protect your nonpublic personal information internally, we permit access to it only by authorized employees, and maintain physical, electronic and procedural safeguards to guard your nonpublic personal information.

*Includes Van Kampen Investments Inc., Van Kampen Asset Management Inc., Van Kampen Advisors Inc., Van Kampen Funds Inc., Van Kampen Investor Services Inc., Van Kampen System Inc. and Van Kampen Exchange Corp., as well as the many Van Kampen mutual funds and Van Kampen unit investment trusts.

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Kay Ivey
Alabama State Treasurer

The Alabama Higher Education 529 Fund—designed to be a Qualified Tuition Program under Section 529 of the Internal Revenue Code—is sponsored by the State of Alabama and administered by Kay Ivey, Alabama State Treasurer, under the direction of the Board of Trustees of the Program Trust Fund.

Van Kampen Funds, Inc.
1 Parkview Plaza – Suite 100
P.O. Box 5555
Oakbrook Terrace, IL 60181-5555
www.vankampen.com

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NOT FDIC INSURED	OFFER NO BANK GUARANTEE	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT
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