

Account Application

For Investors Using
A Financial Advisor
(Classes A, C, SD-A
and SD-C)

CollegeAccess529SM

This application may be used to purchase Class A, C, SD-A or SD-C Units of the **CollegeAccess 529 Plan**. The application must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it—and the related Participation Agreement—carefully, before you invest. If you have questions, call your CollegeAccess 529 Plan Investor Services Representative, Mon–Fri, 8:00am–8:00pm Eastern Time, toll-free, at **1-866-529-7462**. Send this application—with your **check made payable to CollegeAccess 529 Plan**—to **CollegeAccess 529, PO Box 55769, Boston MA 02205-8524**. (For Overnight Deliveries: CollegeAccess 529, c/o Boston Financial Data Services, Inc., 30 Dan Road, Canton, MA 02021-2809, Phone: 866-529-7462.)

Terms used in this application, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

You must be a U.S. Citizen or Resident Alien to open an 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 does this mean 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. We may also ask to see your driver's license or other identifying documents.

If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the NASD, or a municipal securities broker-dealer, please provide the company name at right.

If selecting the "Joint Tenant," option, joint tenancy with rights of survivorship will be presumed, unless otherwise specified.

1. Account Owner(s) Information

Individual/Primary Account Owner (or Custodian, or Trustee, or Corporation)

Are you funding this account with cash proceeds from the sale of assets held in an UGMA, UTMA or other custodial account? No Yes (See Plan Disclosure Statement for details.)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

Occupation Name and Address of Employer, if applicable

Exact Name of Trust or Corporation, if applicable Tax ID Number (of Trust or Corporation)

Citizenship of Primary Account Owner: U.S. Citizen Resident Alien

Residence (NO P.O. boxes)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

E-mail Address (optional)

Do NOT send me periodic updates about the CollegeAccess 529 Plan via e-mail.

Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Affiliations

Company Name

Joint Tenant (optional)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. You must supply a valid Social Security Number, for the Designated Beneficiary, to open an account.

In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as:

- a) the Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and
- b) a valid Social Security Number for the new Beneficiary is provided to the Program Manager.

2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

In the event of death of the Account Owner(s), a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

In the event of death of the Successor Owner, a Contingent Successor Owner would replace the deceased Successor Owner.

If your contribution is a rollover, please attach a completed rollover form, and consult the Plan Disclosure Statement for details on the implications of such a contribution.

IMPORTANT NOTES

Class C and SD-C Unit purchases:

1) Maximum permitted investment in Class C and SD-C Units is \$499,999. See Plan Disclosure Statement for details.

Advisors: You have the flexibility to make a recommendation to purchase a Portfolio that is more or less aggressive than that of the Portfolio which corresponds to the beneficiary's age at the time of purchase, by indicating a "hypothetical age" for the beneficiary at right.

Minimum initial contribution: \$1,000 (\$250 minimum per portfolio); \$250 if you are participating in Auto-Invest. Maximum balance limit: \$350,000.

Make check payable to:
CollegeAccess 529 Plan.

2. Designated Beneficiary

Check here, if you qualify for 501(c)(3) status. (If so, no Beneficiary need be designated at this time.)

First Name	Middle Initial	Last Name
Relationship to Account Owner, if any		Social Security Number (required)
Street Address	Apt. Number	Date of Birth (MM/DD/YY)
City	State	Zip Code
State of residency, if different than above		
Citizenship of Designated Beneficiary: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		

3. Successor Owner

Successor Owner (optional)

First Name	Middle Initial	Last Name
Date of Birth	Social Security Number (required)	

Contingent Successor Owner (optional)

First Name	Middle Initial	Last Name
Date of Birth	Social Security Number (required)	

4. Your Investment

Is your contribution a tax-free rollover from another 529 plan, a Coverdell Education Savings Account, or a qualified U.S. Savings Bond? Yes No

Unit Class

Select the Class of Units you are purchasing.

- Class A Units with initial sales charge Class A Units load-waived (Please indicate reason below.)
- Class C Units

For South Dakota Residents ONLY:

- Class SD-A Units with initial sales charge Class SD-A Units load-waived (Please indicate reason below.)
- Class SD-C Units

Reason for waiving sales charge of Class A, SD-A, C or SD-C Units (See Plan Disclosure Statement for allowable circumstances.)

INVESTMENT OPTION 1

Age-Based Investment Portfolios

I/We wish to invest all or a portion of the contribution in the Age-Based Investment Portfolio that corresponds to: the beneficiary's current age hypothetical age: ____.

- I. Ages 0–4 (Aggressive Growth)
- II. Ages 5–8 (Growth)
- III. Ages 9–13 (Growth & Income)
- IV. Ages 14–18 (Income)
- V. Ages over 18 (Capital Preservation)

I/We understand the portfolio will then be automatically reallocated among the other Portfolios above as the beneficiary ages. (See Plan Disclosure Statement for details.)

Check here, if you do not want this account to migrate.

Unless otherwise indicated, the age of matriculation will be presumed to be 18. Other: ____.

Total Amount Invested \$ _____

INVESTMENT OPTION 2

Customized Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Customized Investment Portfolio(s).

- Diversified Equity Investment Portfolio \$ _____
- Diversified Bond Investment Portfolio \$ _____
- Money Market Plus Investment Portfolio \$ _____
- \$ _____ **Total Amount Invested**

INVESTMENT OPTION 3

Select Fund Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Select Fund Investment Portfolio(s) (that invest(s) in shares of the corresponding underlying mutual fund as indicated by the symbol below).

- \$ _____ Allianz NACM International \$ _____ PIMCO Total Return
- \$ _____ Allianz NFJ Small-Cap Value \$ _____ Allianz RCM Global Resources
- \$ _____ Allianz NFJ Dividend Value \$ _____ Franklin Mutual Shares
- \$ _____ Allianz OCC Growth \$ _____ Royce Value
- \$ _____ PIMCO All Asset \$ _____ Dodge & Cox International Stock
- \$ _____ PIMCO Diversified Income \$ _____ Marsico 21st Century
- \$ _____ PIMCO Real Return \$ _____ Allianz NFJ International Value
- \$ _____ PIMCO StocksPLUS Total Return \$ _____ **Total Amount Invested**

A complete and up-to-date list of Select Fund Investment Portfolios can be found in the current Plan Disclosure Statement, or by visiting our Web site: www.CollegeAccess529.com

Minimum initial contribution:
\$1,000 (\$250 minimum per portfolio);
\$250 if you are participating in Auto-Invest.
Maximum balance limit: \$350,000.
Make check payable to:
CollegeAccess 529 Plan.

All Investment Portfolios can be exchanged and reallocated, not more than once per calendar year or upon certain limited conditions, such as a change in beneficiary. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be payable only to the Account Owner of record and mailed to the address of record or existing wiring instructions on your account.

You must also complete Section 8 of this application, "Bank Account Information," to participate in FundLink.

IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS

\$50 minimum for each Portfolio selected. Automatic investments are subject to the following conditions:

- Your bank account will be charged on or about the date of each investment as indicated.
- The privilege of making investments by Auto-Invest may be revoked by the Program Manager without prior notice if any check is not paid upon presentation. The Program Manager shall be under no obligation to notify the undersigned as to the non-payment of any check.
- Auto-Invest may be discontinued by the Program Manager upon thirty (30) days written notice prior to any investment date or by the undersigned at any time by written notice to the Program Manager, provided such notice is received at least ten (10) business days prior to the due date of any investment.

Tape voided check or deposit slip here.

5. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change the allocation, unless you decline such privilege by marking one or more of the boxes below.

I/We decline *exchanges*: by myself or any person by my Advisor.

I/We decline *withdrawals*: by myself or any person by my Advisor.

If you do not decline the telephone privileges above, the Program Manager may accept telephone instructions from any person identifying himself as the owner of an account or the owner's dealer representative provided that the Program Manager believes the instructions to be genuine, and thus you risk possible losses in the event of a telephone request not authorized by you. See Plan Disclosure Statement for details.

6. FundLinksm Options

FundLink is a service which "links" your CollegeAccess 529 Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

I/We hereby request that my CollegeAccess 529 account and my bank account (listed in Section 8) be "linked" to allow purchases and/or withdrawals to be debited/credited upon your authorization and/or in accordance with the Auto-Invest instructions below.

7. Auto-Invest

Authorization to honor checks or ACH debits for automatic investment in your account.

I/We hereby request to automatically invest on or about the _____ day of month, of each

month quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Portfolio Name	Amount

8. Bank Account Information (for FundLink and/or Auto-Invest)

Please "link" my CollegeAccess 529 Plan account to my: Checking Account Savings Account

IMPORTANT: Please tape your pre-printed, voided check below (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

Account Name (Print title of your account exactly as it appears on your records.)	Account Number
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Bank Name and Branch Address

Signature	Date
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Signature (if joint bank account, both must sign)	Date
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See "Right of Accumulation" in the Plan Disclosure Statement, for details. If multiple accounts are held, or are being established at this time, and one or more of these accounts are UGMA/UTMAs, please attach a letter of instruction to ensure all accounts are linked for the purpose of Rights of Accumulation.

If no date is specified, the date of this purchase will be presumed to be the "initial purchase date." The minimum initial investment under a Statement of Intent is 5% of the aggregate amount to be contributed.

Sign exactly as the account is to be registered.

Section 11 is to be completed by your financial advisor.

CollegeAccess 529 Plan is a Section 529 college savings plan sponsored by the State of South Dakota, and managed by Allianz Global Investors Distributors LLC, 1345 Avenue of the Americas, New York, NY 10105-4800, www.allianzinvestors.com, 1-866-529-7462.

(IMPORTANT: To avoid a potential processing delay, please DO NOT send applications to this address; see above for mailing address.)

NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.

9. Reduced Sales Charge

Choose one only. (This option available for Class A and SD-A Units only.)

Right of Accumulation

I/We own Units in the CollegeAccess 529 Plan which may entitle this purchase to have a reduced sales charge under the provisions in the Plan Disclosure Statement.

Existing Account Name

Account Number

Statement of Intent

I/We agree to the Statement of Intent conditions stated in the current Plan Disclosure Statement, including the minimum initial purchase requirement and escrow provisions. I/We intend to contribute, within a 13-month period beginning on _____ (initial purchase date), in Class A or Class SD-A Units of the CollegeAccess 529 Plan purchased with this application and one or more of the other Investment Portfolios listed in Section 3 above, an aggregate amount which, together with the value of Class A or Class SD-A Units of any of the Investment Portfolios purchased by me on the initial purchase date, will be at least equal to: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

10. Signature and Agreement of Account Owner(s)

By signing below, I/we hereby request that a CollegeAccess 529 Plan Account be established, and upon such opening do agree, represent and warrant that I/we have read, understand and agree to the terms and conditions set forth in both the Participation Agreement and the current Plan Disclosure Statement. I/We understand that you may supply my/our name(s) to issuers of any securities held in my/our account so I/we might receive any important information regarding them, unless I/we notify in writing not to do so. Account Owner understands that Account Owner assumes all investment risk of an investment in the Program, including the potential loss of principal. If I/we am/are requesting that a trust account be opened, I/we certify that (i) I/we am/are the Trustee(s) of said Trust, (ii) I/we have provided a copy of the Trust agreement (as amended) and (iii) I/we certify that the Trust is still in existence and none of the conditions for termination have occurred. **ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE COUNCIL, THE STATE OF SOUTH DAKOTA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL OR THE STATE OF SOUTH DAKOTA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PROGRAM MANAGER ON BEHALF OF THE COUNCIL, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE COUNCIL AND THE STATE OF SOUTH DAKOTA AND EACH OF THE MEMBERS, OFFICERS AND EMPLOYEES OF THE COUNCIL AND THE STATE OF SOUTH DAKOTA FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.**

Individual Signature

Date

Joint Registrant Signature (if any)

Date

11. Dealer Information

ADVISORS: If you have questions, call 1-800-628-1237, to speak with your Investment Specialist.

Advisor's Last Name

First Name

M.I.

Rep I.D. No.

Advisor's Branch Office Address

City

State

Zip Code

Branch Number

Telephone Number

Dealer Name

Telephone Number

Dealer Home Office Address

City

State

Zip Code

BIN — Broker Identification Number (Your client's account number with your firm for networking purposes), if applicable

Send app with check made payable to CollegeAccess 529 Plan. (See pg. 1 for mailing address.)

The Program Manager reserves the right to require payment by wire or U.S. Bank Check. The Program Manager generally does not accept payments made by cash, temporary/starter checks, third party checks, credit cards, traveler's checks, credit card checks, or checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank).