

## Change Form

(For Classes A, C, SD-A and SD-C)

### IMPORTANT

Please complete Section I, regardless of the nature of your change. You should complete the other sections only if they pertain to your desired change.

Please complete Section II if any part of your personal information is changing (e.g., new married name, new address, etc.), or if you are transferring ownership of the account to another individual.

**PLEASE NOTE: A medallion signature guarantee is required if you are transferring ownership or changing your name.**

The Account Owner must be a U.S. Citizen or Resident Alien.

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

# CollegeAccess529<sup>SM</sup>

This form should be used **to make changes to an existing CollegeAccess 529 Plan account**, and must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it — and the related Participation Agreement — carefully, before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

If you have questions, call your CollegeAccess 529 Plan Investor Services Representative toll-free, Monday–Friday, 8:00am–8:00pm Eastern Time, at **1-866-529-7462**.

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

## I. Current Account Registration Information (required)

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Social Security Number Account Number

## II. New Account Registration Information (optional)

Name Change  Transfer of Ownership

\_\_\_\_\_  
First Name Middle Initial Last Name

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

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

### New Residence (Note: no P.O. boxes permitted)

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

### New Mailing Address (if different than above)

\_\_\_\_\_  
Street Address Apt. Number

\_\_\_\_\_  
City State Zip Code

### New Joint Tenant (optional)

Additional Owner (no joint tenant currently)  Change Joint Tenant (supercedes previous instructions)

\_\_\_\_\_  
First Name Middle Initial Last Name

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

In the event of death of the Account Owner, 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.

Complete this section if you are changing your current Beneficiary. Your new Beneficiary must be related to the existing Beneficiary, and must be a U.S. Citizen or Resident Alien. See the current Plan Disclosure Statement for details.

#### IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

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.

Complete this section if you are changing the investment option(s) for an existing Beneficiary, or indicating the investment options for a new Beneficiary.

You must allocate a minimum of \$50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

## E-mail Options

Old E-mail Address

- Please change the above e-mail address to the one that appears below.  
 I do NOT have an e-mail address on file; please add the one that appears below.

New E-mail Address

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

### New Successor Owner or Contingent Successor Owner (optional)

- New Successor Owner  New Contingent Successor Owner

First Name Middle Initial Last Name Social Security Number (required)

## III. Change of Beneficiary

### Existing Beneficiary

First Name Middle Initial Last Name

Relationship to Account Owner (if any) Social Security Number (required)

### New Beneficiary

First Name Middle Initial Last Name

Relationship to Existing Beneficiary 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:  U.S. Citizen  Resident Alien

## IV. Your Investment

### INVESTMENT OPTION 1

#### Age-Based Investment Portfolios

I/We wish to invest in the following Age-Based Investment Portfolio(s). I understand the Portfolio(s) will be automatically reallocated among the other Portfolios below as the beneficiary ages:

Ages 0 – 4 (Aggressive Growth Portfolio)

Ages 5 – 8 (Growth Portfolio)

Ages 9 – 13 (Growth & Income Portfolio)

Ages 14 – 18 (Income Portfolio)

Ages over 18 (Capital Preservation Portfolio)

I/We wish the contribution to be allocated initially to the Age-Based Portfolio that corresponds to:

the beneficiary's current age  a hypothetical age: \_\_\_\_.

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

Amount to be invested \$ \_\_\_\_\_  existing assets  all future contributions

You must allocate a minimum of \$50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

You must allocate a minimum of \$50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

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 IX of this application to participate in FundLink or Auto-Invest.

\$50 minimum for each Portfolio selected. Automatic investments are subject to the following conditions: 1. Your bank account will be charged on or about the date of each investment as indicated. 2. 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. 3. 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.

## 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 \$ \_\_\_\_\_

Amount to be invested for:  existing assets  all future contributions.

## 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).

- \$ \_\_\_\_\_ 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 \$ \_\_\_\_\_ Marsico 21<sup>st</sup> Century
- \$ \_\_\_\_\_ PIMCO All Asset \$ \_\_\_\_\_ Royce Value
- \$ \_\_\_\_\_ PIMCO Diversified Income \$ \_\_\_\_\_ Dodge & Cox International Stock
- \$ \_\_\_\_\_ PIMCO Real Return \$ \_\_\_\_\_ Allianz NFJ International Value
- \$ \_\_\_\_\_ PIMCO StocksPLUS Total Return

Amount to be invested for:  existing assets  all future contributions.

Total amount to be invested (for all three investment options) \$ \_\_\_\_\_

## V. 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 *telephone exchanges*:  by myself or any person.

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

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, 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.

## VI. FundLink<sup>SM</sup> 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.

## VII. 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

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

Please provide information on the bank you would like to link your account to.

Type of Account (Select one):  Checking Account  Savings Account

Account Name (Print title of your account exactly as it appears on your records.)

Account Number

Bank Name and Address

Signature / Date

Signature #2 (if joint bank account, both must sign) / Date

**IMPORTANT:** Tape your pre-printed, voided check at left (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).

See "Rights of Accumulation" in the Plan Disclosure Statement. 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.

To be filled out by financial advisor.

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

**(IMPORTANT: To avoid a potential processing delay, please DO NOT send applications to the address above; use address at right.)**

**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.**

## IX. Reduced Sales Charge

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

**Rights of Accumulation**

I 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 agree to the Statement of Intent conditions stated in the current Plan Disclosure Statement, including the minimum initial purchase requirement and escrow provisions. I 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

## X. Signature and Agreement of Account Owner

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my CollegeAccess 529 Plan Account, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement, and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. **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 MY EMPLOYER, 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.**

Signature

Date

## XI. Dealer Information

Dealer Name

Telephone Number

Dealer Home Office Address

City

State

Zip Code

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

Send completed form(s) to either:

■ **via U.S. Mail:** CollegeAccess 529, P.O. Box 55769, Boston, MA 02205-8524

■ **overnight:** CollegeAccess 529, c/o Boston Financial Data Services, Inc., 30 Dan Road, Canton, MA 02021-2809.