

# Additional Investment Form

(For All Classes: A, B, C, SD-A, SD-C and SD-D)

This form is for existing Account Owners, and may be used to purchase additional units (Classes A, B, C, SD-A, SD-C or SD-D) of the **CollegeAccess 529 Plan**.

The form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully, before you invest.

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**.

Send this form with your **check made payable to CollegeAccess 529 Plan**, to either:

- via *regular mail*: **P.O. Box 9775, Providence, RI 02940.**
- via *overnight courier*: 101 Sabin Street, Pawtucket, RI 02860, Phone: 866-529-7462.

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

See Plan Disclosure Statement for details regarding UGMA/UTMA contributions.

If this contribution is a rollover from another qualified investment account, this form must be accompanied by a Rollover Form (CAFRB).

## 1. Account Owner Information

### Individual/Primary Account Owner (or Custodian)

Are you funding this Account with cash proceeds from the sale of assets held in an UGMA, UTMA or other custodial account?  Yes  No

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

First Name (or Trustee)	Middle Initial	Last Name	Social Security Number
Exact Name of Trust or Corporation, if applicable			Tax ID Number (of Trust or Corp., if applicable)

## 2. Your Investment

### Indicate Portfolio(s)

I wish to invest all, or a portion of the contribution, in the following Portfolio(s):

Portfolio Name	Account Number (if an existing account)	Contribution Amount
Portfolio Name	Account Number (if an existing account)	Contribution Amount
Portfolio Name	Account Number (if an existing account)	Contribution Amount

**Total Amount Invested** \$ \_\_\_\_\_

## 3. Signature and Agreement of Account Owner

By signing below, I hereby request that an additional contribution be made to my CollegeAccess 529 Plan Account, as indicated above, and upon such contribution do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the current Participation Agreement and Plan Disclosure Statement. Account Owner understand that Account Owner assumes 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 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
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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.**