

Auto-Exchange Form

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

This form may be used for the Auto-Exchange Plan option—described in the current CollegeAccess 529 Plan Disclosure Statement—to regularly exchange units from one CollegeAccess 529 Plan Portfolio to another within the same Class. (Please note: exchanges between 529 Plan accounts with different registrations are not allowed.)

This form must be preceded by or accompanied by the current CollegeAccess 529 Plan Disclosure Statement and Participation Agreement. Please read both documents carefully, before you invest.

If you have questions, please 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 to either:

- via *U.S. mail*: **CollegeAccess 529, P.O. Box 55769, Boston, MA 02205-5769**
- *overnight*: CollegeAccess 529, c/o Boston Financial Data Services, Inc.,
30 Dan Road, Canton, MA 02021-2809

1. Account Owner Information

Individual/Primary Account Owner (or Custodian)

First Name (or Trustee)	Middle Initial	Last Name
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Date of Birth	Social Security Number	
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Beneficiary First Name	Middle Initial	Last Name
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Beneficiary Date of Birth	Beneficiary Social Security Number	

2. Auto-Exchange Plan Instructions

Please indicate how you would like to regularly exchange units.

I wish to make monthly quarterly exchanges, on or about the 1st 15th day of the month, beginning _____ (month/year), from the following Portfolio:

Money Market Plus

Portfolio Name	Account Number	Class of Units
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I wish to make the exchanges to the following Portfolio(s):

Portfolio Name	Account Number (if an existing account)	Contribution Amount (minimum of \$50.00)
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<hr/>		
Portfolio Name	Account Number (if an existing account)	Contribution Amount (minimum of \$50.00)

This form must be received five business days before the first exchange date or the exchange will default to the next month.

Minimum contribution: \$50 (per portfolio). Maximum balance limit: \$350,000.

3. Signature and Agreement of Account Owner

By completing this form and signing below, I hereby request that the Program Manager establish an Auto-Exchange Plan and am authorizing the automatic exchange of units from my CollegeAccess 529 Plan account listed above. I understand that this Auto-Exchange Plan (A/K/A, "Dollar Cost Averaging") is subject to the terms and conditions of the current CollegeAccess 529 Plan Disclosure Statement, and upon such request do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the current Plan Disclosure Statement and Participation Agreement. As Account Owner, I 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.**

Sign exactly as the account is to be registered.

Signature

Date

ADVISORS:

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If you have questions, call **1-866-529-7462**, to speak with an Investor Services Representative.

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, 1-866-529-7462. **(IMPORTANT: To avoid a potential processing delay, please DO NOT send this form 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.