

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.**

Signature Date

Sign exactly as the account is to be registered.

Section 11 is to be completed by your financial advisor.

4. Dealer Information

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

ADVISORS:

Send this form to either:

- via *regular mail*: **CollegeAccess 529 Plan, P.O. Box 9775, Providence, RI 02940.**
- via *overnight courier*: CollegeAccess 529 Plan, 101 Sabin Street, Pawtucket, RI 02860, 1-866-529-7462.

If you have questions, call **1-800-628-1237**, to speak with your Internal Wholesaler.

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 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.