

Additional Investment Form

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

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.

Please include documentation detailing a breakdown of contributions and earnings if your proceeds are from an indirect rollover.

Minimum contribution: \$50 (per portfolio).
Maximum balance limit: \$350,000.
Make check payable to: CollegeAccess 529 Plan.

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. For more information visit our website us.allianzgi.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.

This form is for existing Account Owners, and may be used to purchase additional units (Classes A, 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, 8:30am–6:00pm Eastern Time, at **1-866-529-7462**.

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

via regular mail:

CollegeAccess 529
PO Box 219337
Kansas City, MO 64121-9337

via overnight mail:

CollegeAccess 529
430 W 7th Street STE 219337
Kansas City, MO 64105-1407

1. Account Owner/Custodian/Entity

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

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