

Change Form
(For Classes SD-D)

CollegeAccess529SM

invest in your childrenSM

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, 8:30am–6:00pm Eastern Time, at **1-866-529-7462**.

via regular mail:

CollegeAccess 529
PO Box 55769
Boston, MA 02205-5769

via overnight mail:

CollegeAccess 529
c/o DST Asset Manager Solutions, Inc.
30 Dan Road
Canton, MA 02021-2809

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

IMPORTANT

Please complete Section 1, regardless of the nature of your change. You should complete the other sections only if they pertain to your desired change.

Please complete Section 2 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.

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.

1. Current Account Registration Information (required)

First Name Middle Initial Last Name

Social Security Number Account Number

2. New Account Registration Information (optional)

Name Change Transfer of Ownership (New Application and Medallion Signature Guarantee Required)

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 (Copy of photo ID required)

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 (Medallion signature guarantee required to add or change joint tenant)

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

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

Please visit our Web site, to read our Privacy Policy — www.CollegeAccess529.com.

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.

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 elect to allocate a minimum of \$50 per portfolio, per month, if you contribute to your account via Auto-Invest or if you are enrolled in a company-sponsored plan and contribute to your account through payroll deduction.

New E-mail Address (optional)

E-mail Address

New Successor Owner (optional)

First Name Middle Initial Last Name

Social Security Number

Date of Birth (MM/DD/YY)

Citizenship of New Successor Owner: U.S. Citizen Resident Alien

Relationship to Account Owner _____

3. Change of Beneficiary (Future Student) Existing Beneficiary

First Name Middle Initial Last Name

Relationship to Account Owner (if any)

Social Security Number (required)

Existing Beneficiary Account Number

New Beneficiary (A new account number will be created if an existing account does not exist)

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

Transfer Amount to new beneficiary (select only one)

Entire balance Partial balance

\$ _____ or _____%

New Beneficiary Account Number (if account is already established)

4. 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:

I. Age-Based 1 (Ages 0-8)

VI. Age-Based 6 (Age 14)

II. Age-Based 2 (Ages 9-10)

VII. Age-Based 7 (Age 15)

III. Age-Based 3 (Age 11)

VIII. Age-Based 8 (Age 16)

IV. Age-Based 4 (Age 12)

IX. Age-Based 9 (Ages 17 and Over)

V. Age-Based 5 (Age 13)

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

INVESTMENT OPTION 2

Static Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Static Investment Portfolio(s).

\$ _____ Diversified Bond

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

All Investment Portfolios can be exchanged and reallocated, no more than twice per calendar year or upon certain limited conditions, such as a change in beneficiary.

The proceeds of a telephone withdrawal may be payable only to the Account Owner, the Designated Beneficiary, an Eligible Educational Institution or to an existing bank account on record. A Medallion Signature Guarantee is required if the payment is being sent to a person other than the Account Owner or to an address or bank account that differs from the address or bank account on record.

You must also complete Section 8 of this form 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.

INVESTMENT OPTION 3

Individual Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Individual Investment Portfolio(s)
\$ _____ PIMCO All Asset \$ _____ PIMCO Real Return

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

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

5. 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*: I/We decline *telephone withdrawals*:

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.

6. FundLinksm 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.

A notary stamp is needed to add bank information on your account.

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.

7. Auto-Invest

Authorization to honor ACH debits for automatic investment in your account.

Select only one

- Add this option to my account
- Change my investment amount and/or debit (withdrawal) date on my current Auto-Invest
- Carry over existing Auto-invest plan to a new bank account
- Stop the Auto-Invest option on my account

Complete if necessary

- I/We hereby request to automatically invest on or about the _____ day of each
- month quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Note: if a frequency option is not selected, the bank draft will be automatically scheduled for monthly processing.

Portfolio Name Amount

Portfolio Name Amount

Portfolio Name Amount

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

(Notary Stamp required)

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

Choose only one

- Add Bank Account Information
 - Change Existing Bank Account Information
- Type of Account (Select one): Checking Account Savings Account

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

Bank Name and Address Routing Number

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).

9. Signature and Agreement of Account Owner(s)

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my/our CollegeAccess 529 Plan Account, and I/we agree, represent and warrant that I/we 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/we understand that I/we assume all investment risk of an investment in the Program, including the potential loss of principal. **I/we understand that there is no financial advisor associated with this account and that I/we take full responsibility for all investment selections made. I/we understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I/we do not contact Allianz Global Investors Distributors LLC. 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 of account owner

Date

Signature of joint owner

Date

Medallion Signature Guarantee—Required for transfer of ownership requests.

Notary Stamp—Required for name changes or requests to update bank information.

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, 1633 Broadway, New York, NY 10019, 1-866-529-7462.

(IMPORTANT: To avoid a potential processing delay, please DO NOT send applications to the address above; use address on page 1.)

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.