

(Please Print in Black Ink)

This application may be used to purchase Class F Units of the **CollegeAccess 529 Plan**. Class F Units are available only through an Account established with a Financial Professional who will be required to sign this form. You should receive the current Plan Disclosure Statement and Participation Agreement at the same time, or preceding the time, you complete this application. Please read it carefully before you invest.

If you have questions, please speak with your Financial Professional or call your CollegeAccess 529 Plan Investor Services Representative, Monday through Thursday, 8:30am–6:00pm Eastern Time and until 5:00pm on Friday, at **866-529-7462**. For more information about the plan, please visit **CollegeAccess529.com**.

Important Information

1. You must supply a valid Social Security number for the Account Owner and the Designated Beneficiary. Without it, we will be unable to establish the account.
2. The Designated Beneficiary must be a U.S. Citizen or Resident Alien.
3. Texas State Residents may designate a “representative for notice” for escheatment by submitting the completed designation form from the state of Texas Comptroller’s website. The designee has no rights to claim or access the shareholder’s account or assets. The completed form may be mailed to one of the addresses listed below.
4. To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. If you are establishing a **legal entity account**, which includes an account in the name of a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State of similar office, a general partnership, and any similar business entity formed in the United States or a foreign country, this application **must** be accompanied by the *Certification of Beneficial Owners for Legal Entity Customers* form. The form is available on our website, CollegeAccess529.com, or by calling 866-529-7462.
5. Mail the completed application, and any other required documents to one of the following addresses:

Regular Mail

CollegeAccess 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail

CollegeAccess 529
Attn: 534436
AIM: 514-0520
500 Ross Street
Pittsburgh, PA 15262

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 this means 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 check the information you provide against publicly available databases, information obtained from consumer reporting agencies, other financial institutions or other services. If reasonable efforts to verify your identity have failed, we reserve the right to close the account and redeem the shares at the net asset value next calculated after the decision is made by us to close the account.

Bolded fields are required to be completed and will be verified. If bolded fields in Sections 1 and 2 are not completed, this application will not be accepted.

Notice: CollegeAccess 529 Plan accounts are not insured by any state, and neither the principal deposited nor any investment return is guaranteed by any state.

The Program Manager and Underwriter for the CollegeAccess 529 Plan is **VP Distributors LLC**.

1. Account Owner(s) Information & Registration Type

↓ Select **only one** type of registration and complete the information within that section.

- **Individual or Joint Tenant**

Taxable Individual (First, Middle, Last) _____ Social Security Number _____ Date of Birth _____

If this account is to include a joint tenant, please complete the information below. Joint Tenants with Rights of Survivorship will be presumed unless otherwise specified. Please note that Louisiana and Puerto Rico do not recognize Joint Tenant with Rights of Survivorship. Joint accounts in Louisiana and Puerto Rico will be registered as Tenants in Common.

Joint Tenant (First, Middle, Last) _____ Relationship to Individual _____ Social Security Number _____ Date of Birth _____

- **Uniform Gifts/Transfers to Minors**

Name of the state in which the gift is registered _____

Please indicate the Minor's relationship to the Custodian _____

Name of Custodian (Only One) (First, Middle, Last) _____ Social Security Number _____ Date of Birth _____

Name of Minor (Only One) (First, Middle, Last) _____ Social Security Number _____ Date of Birth _____

- **Entity Options**

IMPORTANT – Please refer to page 1, number 4 for the additional requirement needed for some legal entity accounts. If the *Certification of Beneficial Owners for Legal Entity Customers* form is required and is not included with the application, we will be unable to establish the account.

Please check the box that describes your new account:

Trust - A copy of first page, signature page(s), page showing certification of Trust Agreement and pages indicating named Trustee(s) who will have authority to act must be attached. A properly executed Certificate of Trust may also be submitted.

Trust Dated: _____

*Other - List type of registration or type of business _____

*Contact our office prior to submitting the application for possible additional documentation requirements.

Corporation Partnership

Unless otherwise noted, a copy of the articles of organization, articles of incorporation, Partnership/Membership Agreement or other document confirming the existence of the entity and a copy of the corporate resolution or equivalent document indicating who is authorized to act on the behalf of the entity must be attached.

Name of Entity _____ U.S. Tax I.D. # _____

Trustee Name/Executor Administrator (First, Middle, Last) _____ Social Security Number _____ Date of Birth _____

** Authorized Trader Name (First, Middle, Last) _____ Social Security Number _____ Date of Birth _____

** Attach a separate list for additional Trustees or Authorized Traders including full name, Social Security number and date of birth for each.

1. Account Owner(s) Information, continued

Affiliation - If you are affiliated with or employed by a stock exchange or member firm of either an exchange or FINRA, or a municipal securities broker-dealer, please provide the company name.

Company Name

Account Mailing and Email Addresses - If your mailing address is a P.O. Box, you must provide your street address. APO and FPO addresses will be accepted.

Street Address _____ **City** _____ **State** _____ **Zip Code** _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Mobile Phone _____ Home Phone _____ Email Address _____

State in which you file taxes if different from above: _____ Country of Citizenship: _____
(If not a U.S. citizen, a copy of a photo ID is required.)

Joint Registrant Street Address (if different from above) _____ **City** _____ **State** _____ **Zip Code** _____

Mobile Phone _____ Home Phone _____ Country of Citizenship: _____
(If not a U.S. citizen, a copy of a photo ID is required.)

2. Designated Beneficiary (Future Student)

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. You must supply a valid Social Security number for the Designated Beneficiary to open an account.
2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

Check here if you qualify for 501(c) (3) status. (If so, a Beneficiary is not required to be designated at this time.)

Name (First, Middle, Last) _____ **Social Security Number** _____ **Date of Birth** _____

Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required.): _____

Street Address _____ **City** _____ **State** _____ **Zip Code** _____

3. Successor Owner (optional)

In the event the Account Owner(s) die, a Successor Owner will become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

Name (First, Middle, Last) _____ **Social Security Number** _____ **Date of Birth** _____

Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required.): _____

Street Address _____ **City** _____ **State** _____ **Zip Code** _____

4. Your Investment

- The minimum initial contribution is \$1,000 (\$250 minimum per portfolio) or \$50 if you are participating in Auto-Invest or a payroll deduction program through your employer.
- The maximum balance limit is \$350,000.
- 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. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be made payable only to the Account Owner, the Designated Beneficiary an Eligible Educational Institution on record 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.
- If we do not receive investment instructions at the time a subsequent contribution is made, the Program Manager will allocate the contribution pro rata among the Investment Portfolios in the same manner and to the same class of Units as your most recent contribution was allocated.

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

Note: Purchases made via direct rollover from another 529 plan will be allocated into Class A units at NAV. Please attach a completed 529 Rollover Form and consult the Plan Disclosure Statement for details and the implications of such a contribution.

Investment Option 1

Age-Based Investment Portfolios - I/We wish to invest all or a portion of the contribution in the Age-Based Investment Portfolio that corresponds to the beneficiary's current age:

- | | |
|-----------------------------|------------------------------------|
| 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) | |

I/We understand the portfolio will then be automatically reallocated among the other Age-Based Investment Portfolios above as the beneficiary ages. (See Plan Disclosure Statement for details.)

Total Amount Invested: \$ _____ or _____ %

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	\$ _____ or _____ %
Diversified Equity	\$ _____ or _____ %
Ultrashort Bond	\$ _____ or _____ %

Total Amount Invested \$ _____ or _____ %

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) (that invest(s) in shares of the corresponding underlying mutual fund below).

Dodge & Cox International	\$ _____ or _____ %
Metropolitan West Total Return Bond	\$ _____ or _____ %
Parametric International Equity	\$ _____ or _____ %
PIMCO All Asset	\$ _____ or _____ %
PIMCO Income	\$ _____ or _____ %
PIMCO Real Return	\$ _____ or _____ %
PIMCO Short Asset Investment	\$ _____ or _____ %
PIMCO StocksPLUS Absolute Return	\$ _____ or _____ %
Virtus Global Allocation	\$ _____ or _____ %
Virtus NFJ Dividend Value	\$ _____ or _____ %
Virtus NFJ Small-Cap Value	\$ _____ or _____ %
Virtus Silvant Focused Growth	\$ _____ or _____ %

Total Amount Invested \$ _____ or _____ %

Grand Total Invested \$ _____ or _____ %

5. Telephone Privileges: Exchanges and Withdrawals

You and your designated Financial Professional 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, or the designated Financial Professional on the account, provided that the Program Manager believes the instructions to be genuine. Thus, you risk possible losses in the event of a telephone request not authorized by you or your designated Financial Professional. See the Plan Disclosure Statement for details.

6. Auto-Invest

Provides authorization to honor checks or ACH debits for automatic investment into your account. (You must provide your bank information in the section below) Please note that there is a \$50 minimum for each Portfolio selected.

I/We hereby request to automatically invest in the Investment Portfolio(s) indicated below:

Day of the month for withdrawals _____ Frequency: Monthly Quarterly

Note: If a date or frequency option is not selected, the bank draft will be automatically scheduled for processing on the 15th of each month. Your bank account will be charged on or about the date of each investment as indicated.

Amount of purchase \$ _____ Portfolio Name _____

Amount of purchase \$ _____ Portfolio Name _____

Amount of purchase \$ _____ Portfolio Name _____

Amount of purchase \$ _____ Portfolio Name _____

7. Bank Account Information

I/We hereby request that my CollegeAccess 529 account and my bank account be "linked" to allow purchases and/or withdrawals to be debited/credited upon my/our authorization, or authorization from the designated Financial Professional(s), and/or in accordance with the Auto-Invest instructions listed in the section above.

The registered owner(s) name(s) must appear on the bank account. If the registered owner(s) is not listed on the bank account, please contact our office for additional requirements.

Bank Name _____ Bank Routing Number _____ Account Type (Checking or Savings) _____

Bank Account Holder's Name(s) _____ Bank Account Number _____ Bank Telephone Number _____

- Type of Account:** **Checking Account** – An original voided check is required. Starter checks and photocopies will not be accepted.
 Savings Account – A letter from your bank, on bank letterhead and signed by a bank officer, confirming the banking information is required.

**Please attach
original voided
check here**

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⋮ 1 2 3 4 5 ⋮ 6 7 8 ⋮	⋮ 1 2 3 4 5 6 7 8 5 6 7 8 ⋮

IMPORTANT: The form must be submitted at least 10 business days prior to the first transaction for the banking information to be properly verified.

8. Dealer Information (Your Financial Professional must sign below.)

Dealer Name	Dealer Number
Branch - Street Address	Branch Number
Branch - City, State, Zip Code	Branch Telephone Number
Financial Professional Name	Financial Professional Number
Financial Professional E-mail Address	Financial Professional's Telephone Number
Financial Professional's Signature - <i>REQUIRED</i>	Date (Month/Day/Year)

9. Add a Trusted Contact (optional)

To designate a Trusted Contact person for your CollegeAccess 529 account(s), please complete this section. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary. A Trusted Contact is someone you allow us, our agents, and/or your financial professional to contact and disclose information to about your account in the event that we suspect financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- The Trusted Contact will not be able to execute transactions or inquire about account activity.
- We suggest that your Trusted Contact not be already authorized to transact business on your account(s) or already able to receive information about your account(s)—e.g., financial consultant, financial professional, or by virtue of Power of Attorney or View Only authority.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee or agent.
- Only you as the account owner have the ability to add, update, or remove a Trusted Contact for your account(s).

Trusted Contact Information: If you are electing to have a Trusted Contact person added to your account, please complete the following information. Please be sure to provide at least one method of contact for the Trusted Contact listed.

Name	Relationship to Account Owner	Mobile Telephone Number
Address		Evening Telephone Number
City, State, ZIP code		Email Address

I understand that there is no requirement that the Program Manager reach out to my Trusted Contact and that I may withdraw this Authorization at any time by notifying the Program Manager via phone or in writing at the address shown on my account statement. By signing this document, I agree on behalf of myself and my heirs to indemnify and hold the Program Manager their transfer agent and sub-transfer agent, and the predecessors, successors, officers, directors, trustees, employees, agents, representatives, parents, affiliates, assigns, and attorneys of each harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by them as a result of any claim, judgment, or proceeding arising out of or relating to the Program Manager or their representatives contacting, or failing to contact, my Trusted Contact identified in this document.

I understand that by naming a Trusted Contact, I am authorizing, but not requiring, the Program Manager, their transfer agent, and/or my financial professional to contact the Trusted Contact and disclose information about my account: (1) to address possible financial exploitation; (2) to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or (3) as otherwise permitted by applicable law or regulation, including applicable FINRA rules.

I understand that if a financial professional is linked to my account(s), then my Trusted Contact information will be made available to the financial professional, and the Program Manager or their agents may notify the financial professional of our interactions with the Trusted Contact. I agree that the Program Manager Funds and their agents will not be responsible for, and cannot monitor, the financial professional's use of the Trusted Contact information.

I understand that the Program Manager and their agents may continue to treat this designation of my Trusted Contact as valid until either I notify the Program Manager of its withdrawal as described above or they become aware that I have died.

10. Signature and Agreement of Account Owner(s)

By signing below, I/we hereby request that a CollegeAccess 529 Plan Account be established, and upon such opening do 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.

I/We understand that we may be required to pay commission(s) and/or other forms of compensation to my/our Financial Professional with respect to Class F Units as provided in my/our agreement with my/our Financial Professional. Account Owner understands that Account Owner assumes all investment risk of an investment in the Program, including the potential loss of principal. If I/we am/are requesting that a trust account be opened, I/we certify that (i) I/we am/are the Trustee(s) of said Trust, (ii) I/we have provided a copy of the Trust agreement (as amended) and (iii) I/we certify that the Trust is still in existence and none of the conditions for termination have occurred. **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 VP Distributors, LLC.**

Important notes about automatic investments: 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. 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.

For each person providing a taxpayer identification number on this form/application, under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. NOTE: The IRS does not require your consent to any provision on this form other than the certification required to avoid backup withholding.

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 PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA AND EACH OF THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND EMPLOYEES OF THE PROGRAM MANAGER, 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 (sign exactly as the account is to be registered)

Date

Signature of Joint Owner, if applicable

Date

Please send the application with a check made payable to CollegeAccess 529 Plan to one of the following addresses:

Regular Mail

CollegeAccess 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail

CollegeAccess 529
Attn: 534436
AIM: 514-0520
500 Ross Street
Pittsburgh, PA 15262

The Program Manager reserves the right to require payment by wire or U.S. Bank Check. The Program Manager does not accept payments made by cash, temporary/starter checks, third party checks, credit cards, traveler's checks, credit card checks, money orders, or checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank).

The **CollegeAccess 529 Plan** is issued by the South Dakota Higher Education Savings Trust. The Program Manager and Underwriter for the CollegeAccess 529 Plan is VP Distributors, LLC, One Financial Plaza, Hartford, CT 06103, 800-243-4361.