

For assistance, please contact our CollegeAccess 529 Plan Investor Services at 866-529-7462, Monday through Thursday, 8:30am – 6:00pm and until 5:00pm on Friday, or visit our website at CollegeAccess529.com.

Please send the completed form and application, if necessary, to one of the following addresses:

| | |
|---------------------------|-----------------------|
| <i>Regular Mail</i> | <i>Overnight Mail</i> |
| CollegeAccess 529 | CollegeAccess 529 |
| P.O. Box 9898 | 4400 Computer Drive |
| Providence, RI 02940-8098 | Westborough, MA 01581 |

| 1. Current Account Information | | |
|--|-----------------------------|--------------------------|
| Account Owner | U.S. Social Security Number | |
| Address | Email Address | |
| City, State, ZIP Code | Existing Account Number(s) | |
| <input type="checkbox"/> By checking the preceding box, I authorize the Program Manager to replace any conflicting information and/or add any missing information to my account records, with regard to the address, email address and telephone numbers provided in this section. | Mobile Telephone Number | Evening Telephone Number |

| 2. Change of Beneficiary (Future Student) |
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| <p>The Account Owner may from time to time, in a manner acceptable to the Program Manager, substitute a single Designated Beneficiary in place of the previous Designated Beneficiary, provided that the substitute Designated Beneficiary is a Member of the Family of the previous Designated Beneficiary. Such substitution shall become effective when the Program Manager has received and processed such form. A Designated Beneficiary must be specified for all Accounts, other than those opened by state or local government organizations and tax-exempt organizations described under Section 501(c)(3) of the Code as part of a scholarship program. For purposes of this Agreement, the term "Member of the Family" shall have the meaning given such term under Section 529(e)(2) of the Code.</p> <p>This form should be accompanied by a CollegeAccess 529 Plan Account Application, if you do not already have an existing CollegeAccess 529 Plan account for the beneficiary you are designating below. Both the Account Application and this form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully before you invest. The application requires the applicant to certify that he/she has read the Plan Disclosure Statement and Participation Agreement.</p> <p>Existing Beneficiary</p> <p>Name _____ Social Security Number _____</p> <p>Date of Birth _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> |

2. Change of Beneficiary (Future Student), continued

New Beneficiary – The new Designated Beneficiary must be a U.S. Citizen or Resident Alien and have a valid Social Security number. If you do not already have an existing CollegeAccess 529 Plan account for the beneficiary you are designating below, a **CollegeAccess 529 Plan Account Application is required.**

Transfer Amount to new beneficiary: Entire Balance
 Partial Balance \$ _____ or _____ %

**Please note, if the new beneficiary does not already have an existing account, a new account number will be created.*

 New Beneficiary – *Existing Account Number

 Name

 Social Security Number

 Date of Birth

 Relationship to Existing Beneficiary

 Address

 City, State, Zip Code

***If not a U.S. citizen, a copy of a photo ID is required.*

 **Country of Citizenship

3. 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 if there is no financial advisor associated with this account, 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 VP 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 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.

By completing this form, I understand and agree that (1) the account(s) and this Designated Beneficiary are governed by the terms and conditions set forth in the Participation Agreement, and the current Plan Disclosure Statement, and (2) all prior Designated Beneficiary designations are revoked.

 Print Name

 Signature

 Date

 Print Name

 Signature

 Date

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.

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.