

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)

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.

Step 1 - Existing Beneficiary

Name _____ Social Security Number _____
 Date of Birth _____

Step 2 – Transfer Amount: *Important:* If distribution instructions are not provided below, the assets will be distributed pro rata between all open investment options.

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

If you hold multiple portfolios, please check one of the following:
 Distribute pro rata based on current portfolio percentages; OR
 Distribute as follows:

Portfolio Name	Contribution Amount or %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
Total	\$ _____ or 100%

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.**

Step 3 – New Beneficiary Details

_____	_____
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	

Step 4 – Transfer Instructions

New Account – A completed CollegeAccess 529 Plan Account Application is included.

Existing Account - _____
New Beneficiary – Existing Account Number

Important: If the beneficiary has an existing account and allocation instructions are not provided below, the assets will be applied to the new beneficiary's existing account pro rata between all open investment options.

If the new beneficiary has an existing account, please provide allocation instructions below:

Please check one of the following:

- Use the allocations currently on my account. If none, we will allocate in the same manner as your most recent contribution.
- Allocate my contributions equally between all open Investment Options.
- Allocate as indicated below:
- Allocate as indicated below and replace current allocation instructions for future contributions.

Portfolio Name	Contribution Amount or %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
_____	\$ _____ or _____ %
Total	\$ _____ or 100%

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.