

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 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: 154-0520
500 Ross Street
Pittsburgh, PA 15262

Important Information

Additional Documentation Requirements:

- **Affidavit of Domicile** - An Affidavit of Domicile, which can be downloaded from Virtus.com or by calling the number above, will be required in the following circumstances:
 1. When the address of record is an Inheritance Tax Waiver state but the executor, surviving joint tenant, beneficiary or other legally authorized party claims that the decedent was not domiciled in the address of record state at the time of his/her death.
 2. When supporting documentation/legal paperwork (if any) submitted with the request suggests that the decedent was domiciled in an Inheritance Tax Waiver state at the time of death despite the address of record.

- **Inheritance Tax Waiver** – An Inheritance Tax Waiver (ITW) may be required depending on the decedent’s legal residence, date of death and relationship to the claimant. If the shareholder’s legal residence was in one of the following states, an *original* ITW must accompany this form:

- *Indiana • *Ohio • **Pennsylvania • Puerto Rico • ***Tennessee

An ITW may be required for additional states depending on certain factors. We suggest that you contact the tax agency of the decedent’s state of residence to determine if the document is required prior to submitting this form.

* An ITW is required if the decedent passed prior to 2013.

**An ITW is not required if the assets are being transferred by the Executor(s) or Administrator(s) of the decedent’s estate. Certain other exceptions *may* apply.

***An ITW is required if the decedent passed prior to 2016.

- **Small Estates** - If the estate was not probated, we suggest that you contact your local probate court/office for the specific requirements regarding the administration of small estates for the state in which the shareholder resided at the time of his or her death.

If the state requirements allow for an affidavit, although a photocopy of the affidavit is acceptable, it must bear the affiant's original signature and original notarization and be dated within 12 months of our receipt for account balances \$50,000 and under and within 60 days for account balances \$50,000 and over. The affidavit must be accompanied by a certified death certificate.

If the state requires documentation for the administration of small estates be issued by the court, although a photocopy is acceptable, it must bear the original court certification stamp or raised seal and be certified by the court or clerk of the court within 12 months of our receipt for account balances \$50,000 and under and within 60 days for account balances over \$50,000.

1. Existing Account Information

Account Owner(s)	U.S. Social Security Number	
Address	Account Owner Date of Birth	Date of Death (if applicable)
	Account Number(s)	
City, State, ZIP Code		

2. Claimant Information

I/We are requesting that the units in the account(s) listed in Section 1 be transferred to a new account, as outlined in Section 3.

I/We are requesting this transaction, acting in my/our capacity as:

- Existing Account Owner(s)
- Executor(s)/Administrator(s) of the estate
- Successor Owner
- Former Minor (once the former minor has reached the age of majority for the state in which the account is registered under the Uniform Gifts/Transfers to Minors Act)

Other: _____

Claimant daytime telephone number in the event there are any questions concerning this request: _____

3. Transfer Instructions

Please note that for **all** requests, the units must be transferred to a new account. Please complete Steps 1-3 in their entirety (Step 4 is optional), which will provide us with the necessary information to establish the new account.

1. You must supply a valid Social Security number for the Account Owner and Designated Beneficiary. Without it, we will be unable to establish the account.
2. 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.
3. **Options:**
 - For **all** transfers, the Telephone Redemption/Exchange Option will automatically be added to the new account, unless the new owner(s) notifies us otherwise. If the "From" account has the eDelivery option, and the new account will have the same primary Social Security or tax identification number as the "From" account, the eDelivery option will be carried over to the new account.
 - For **partial** balance transfers, if there is an option(s) maintained on the "From" account, such as Auto-Invest, banking, etc., the option(s) will remain untouched, unless we are instructed otherwise.
 - For **full** balance transfers, if there is an option(s) maintained on the "From" account, it will be stopped and not carried over to the new account. If an option(s) is to be added to the new account, the new account owner(s) will need to complete the appropriate form or contact us.

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 reject this form. **Bolded fields must be completed and will be verified. If bolded fields are not completed, this form will not be accepted.**

Step 1 - Re-Register/Transfer Amount

Please re-register/transfer: All Units or \$ _____ or _____ Units

Step 2 - Re-Registration/Transfer Instructions

Option 1: If you are transferring to an existing CollegeAccess 529 account, list the account number(s): _____

Option 2: If you are transferring to a new CollegeAccess 529 account, provide the following new registrant information:

Personal Options

- Individual** - Must be 18 years or older.
- Joint Tenant** - Joint Tenant with Rights of Survivorship will be presumed unless otherwise specified. All individual(s) named in the registration must be 18 years or older.
- Uniform Gifts/Transfers to Minors Act** - Only one adult custodian and only one minor may be listed in the account registration.

Please indicate the minor's relationship to the custodian: _____

Entity Options

- Individual Trust** - Please include a copy of the title page, signature page and those portions of the trust document which pertain to trustee's powers and successor trustees. As an alternative, a properly executed Certificate of Trust may also be submitted.
- Corporation or 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.
- Other** - List registration or type of business: _____

Please contact our office prior to submitting the completed form for possible additional documentation requirements.

Name of Account Owner (taxable individual), Custodian, Trustee	Social Security Number	Date of Birth
Name of Joint Tenant, Minor, Trustee	Social Security Number	Date of Birth
Name of Trust or Entity	U.S. Tax ID Number	Trust Dated

If there is not sufficient space to list all individuals to be named in the account registration, please attach a brief note providing the name, Social Security number, date of birth and street address for each additional individual. Note: If you would like to establish a registration not listed above, please contact our office at the number above for instructions.

Continued on next page.

3. Transfer Instructions, continued

Step 3 - New Account Mailing and Email Addresses

If mailing address is a post office box, a street address is also required. APO and FPO addresses will be accepted.

Email Address _____ Mobile Telephone Number _____

Street Address _____ City _____ State _____ ZIP Code _____

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

Joint Tenant, Trustee, Executor/Administrator Street Address (if different from street address above) _____ City _____ State _____ ZIP Code _____

Step 4 - Investment Selection

Unless otherwise specified below, we will maintain the current investment selection(s). If the new account owner(s) would like to change the investment selection, please provide the necessary information below. If there is not sufficient space, please attach a brief note providing the additional investment selections and percentages. Please keep in mind that the new investment(s) must be in the same share class as the current account. 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.

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Portfolio Name: _____ Percentage: _____ %

Total must equal 100%

4. 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.
- 3. If the designated beneficiary is age 18 or older, they must also sign Section 7.

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) _____ U.S. Social Security Number _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP Code _____

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

5. Successor Owner (optional)

In the event the Account Owner(s) die, a Successor Owner will become the new Account Owner (or upon the death of the surviving Account Owner, in the case of an account with joint owners). If no Successor Owner is designated, the account will revert to the Account Owner's estate.

Name (First, Middle, Last) _____ U.S. Social Security Number _____ Date of Birth _____

Street Address _____ City _____ State _____ ZIP Code _____

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

6. Dealer Information

(Your Financial Professional must sign below unless you choose not to maintain broker/dealer information on the account.)

Maintain existing information Do not maintain broker/dealer information Update broker/dealer information to:

Dealer Name _____ Dealer Number _____

Branch Address _____ Branch Number _____

Financial Professional Name _____ Financial Professional Number _____

Financial Professional E-mail Address _____ Financial Professional's Telephone Number _____

Financial Professional's Signature - *REQUIRED* _____ Date (Month/Day/Year) _____

If no election is made above or you elect not to maintain your current broker/dealer information, VP Distributors, LLC, Virtus's default broker/dealer will be assigned to the new account.

7. New Account Signature(s) and Certification

This section must be signed by all new account owner(s), trustee(s), custodian or executor(s)/administrator(s), as well as any designated beneficiary age 18 or over.

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.

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 if there is no financial professional 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.**

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.

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.

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.

Print Name _____ Signature/Capacity _____ Date _____

Print Name _____ Signature/Capacity _____ Date _____

Print Name _____ Signature/Capacity _____ Date _____

8. Redemption Instructions (Optional)

In addition to the transfer requested in Section 3, I/We are also requesting a redemption from the newly established account as follows:

Important Information

- Redemptions will be processed at the close of business on the day the request is received in good order.
- Requests received after 4:00PM Eastern Time will be processed at the next day's closing price.

Step 1 – Redemption Amount

If you hold one portfolio:

- Full Liquidation.
- Partial Liquidation of \$ _____ or _____ units.

If you hold multiple portfolios:

- Full Liquidation.
- Partial Liquidation of \$ _____ or _____ units and *distribute proportionately across all portfolios*, OR
- Distribute as indicated below:

Portfolio: _____ Amount \$ _____ or _____ units

Portfolio: _____ Amount \$ _____ or _____ units

Portfolio: _____ Amount \$ _____ or _____ units

Step 2 – Payee Type (please choose only one of the following)

- Pay to Account Owner(s)
- Pay to Beneficiary
- Pay to an eligible educational institution. (Complete step 3A (Special Payee Information) below.) **We strongly recommend that checks being sent to a school be overnighted for tracking purposes. Please select the overnight option below.**

Step 3 – Payment Instructions

If a redemption is requested and a payment method is not selected, the payment will be issued as a check payable to the new account owner listed in Section 3. Additionally, if you request a Direct-to-Bank distribution and you have not included an original voided check or a letter from your bank confirming your account information, we will issue a check payable to the new account owner information listed in Section 3.

A. Distribution by Mail – Checks are generally mailed within two business days.

- Account Owner at address on new account
- Beneficiary at address provided in Section 4, **or**
- Special Payee below

Special Payee Name or Eligible Educational Institution Name _____

Student Name, ID (required) or other identifying Information. This information will appear on the check for the school's use. _____

Special Payee Address. Note: A P.O. Box is not acceptable if delivering via overnight mail. _____

- Check here if you wish to have your check delivered via **overnight mail** for an additional fee of \$14.

B. Direct-to-Bank Distributions

→ **One-Time Distribution** - May be sent to your bank electronically using two methods. ACH will be considered the default method if an election is not made. Choose one:

- Federal Fund Wire – Initiates the next business day. This option is **NOT** intended for trustee-to-trustee transfers. Please check with the receiving custodian for alternative payment instructions. Your bank may charge a fee for this service.
- Automated Clearing House (ACH) – Initiates within one to three business days.

→ **New Accounts** – If banking information is provided below, it will automatically be added to the new account for future transactions, unless otherwise specified. Please note, the registered account owner(s) name(s) must appear on the bank account. If the registered account owner(s) is not listed in the bank registration, please contact our office for additional requirements.

Required: Please complete the following section and include an original voided check to have your withdrawals electronically transmitted to your checking account or a letter from your bank on bank letterhead confirming the banking information to have the withdrawals electronically transmitted to your savings account. Starter checks and photocopies of checks will not be accepted.

Bank Name _____ Bank Routing Number _____

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

- Type of Account:
- Checking Account** – An original voided check is required.
 - Savings Account** - A letter from your bank, on bank letterhead, signed by a bank officer, confirming the banking information is required.

9. Authorizing Signature(s)

All account owners or authorized signers of the existing account must sign this form. The form must be signed in capacity if the signer is not listed in the registration of the account (example: executor/personal representative/administrator of an estate, successor trustee, attorney-in-fact, etc.). The signatures and capacity must be Medallion Guaranteed.

I/We authorize the Program Manager, their agents and affiliates to make changes to the account registration or transfer the shares to a new account, as outlined on this form. I/We acknowledge that by signing below, I/we may be releasing any current ownership privileges and am/are authorized to request such changes. For the purpose of inducing the Program Manager, their agents and affiliates to act upon my/our instructions, I/we agree to fully indemnify and hold harmless the Program Manager, its agents including Virtus Fund Services and BNY Mellon Investment Servicing (US) Inc., and the affiliates, officers, directors, employees, successors and assigns of each, from and against any and all losses, liabilities, claims and costs of whatever kind (including reasonable attorneys' fees) resulting from or caused by transactions made in accordance with these instructions.

NOTE: If a redemption is being requested, the authorized individual listed in Section 3, Step 2 must also sign in this section. The signature(s) and capacity must be Medallion Guaranteed for the following:

1. The total distribution amount exceeds \$50,000.00
2. The distribution is being made to an address other than the account owner or beneficiary at the address(es) provided on this form, except for a special payee to an Educational Institution listed on the Federal Student Aid website, FAFSA.com.
3. The distribution is being sent to a bank account.

For UGMA/UTMA account registrations we require instructions from the former minor to transfer the shares out of the custodial account. If the shares are being transferred solely to the former minor, with no redemptions or options being carried over to the new account, our UGMA/UTMA Transfer Request Form may be completed. Please note that if the UGMA/UTMA Transfer Request Form is completed, a Medallion Guarantee is **not** required. For all other transfer requests, this form must be completed with the former minor's signature Medallion Guaranteed.

Print Name	Signature/Capacity	Date
Print Name	Signature/Capacity	Date
Print Name	Signature/Capacity	Date

10. Medallion Guarantee

All signature(s) and capacity in Section 8 must be Medallion Guaranteed.

A Medallion Guarantee Stamp may be obtained from an eligible guarantor. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions, as defined by the Federal Deposit Insurance Act and registered Broker/Dealers.

Notarization from a Notary Public is not acceptable.

Please contact your financial institution in advance to determine their supporting documentation requirements, if any.

Place Medallion Guarantee Stamp Here

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.