

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

Use this form to add a Trusted Contact to your CollegeAccess 529 account(s). To designate a Trusted Contact person, please complete and sign this form, have your signature notarized, and mail to the address listed at the top of this form. 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 advisor 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 advisor, or by virtue of Power of Attorney or View Only authority.
- For accounts with multiple account owners, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee or agent.
- Only you as the account holder has the ability to add, update, or remove a Trusted Contact for your account(s).

### 1. Account Holder Information

Account Owner Name	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	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. Trusted Contact Person

The Trusted Contact information provided on this form will replace all Trusted Contact information currently on file. Please provide at least one method of contact for the Trusted Contact listed.

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

**3. Account Holder / Trustee / Agent Authorization Agreement and Signature**

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 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**4. Notarization – The signature in Section 4 must be notarized.**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ before me, personally appeared

\_\_\_\_\_ known to me or satisfactorily proved to be the person whose name is subscribed to within this instrument and acknowledges the he or she executed the same for the purposes therein contained.

\_\_\_\_\_  
NOTARY PUBLIC (affix Notarial Seal)

My Commission Expires: \_\_\_\_\_

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.