

**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:

<p><i>Regular Mail</i> CollegeAccess 529 P.O. Box 534436 Pittsburgh, PA 15253-4436</p>	<p><i>Overnight Mail</i> CollegeAccess 529 Attn: 534436 AIM: 154-0520 500 Ross Street Pittsburgh, PA 15262</p>
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1. Account Information		
Account Owner(s)	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. Security Request
<p>For security purposes, I/we request that the following security enhancements be added to my/our above referenced account(s):</p> <p><input type="checkbox"/> <b>Password protection only</b> - Add password protection to the account(s) for all telephone and written transactions.</p> <p>The unique password I/we have carefully selected shall be _____.</p> <p><input type="checkbox"/> <b>Password protection and stop restriction</b> - Add a stop and password protection to my/our account(s) for all telephone and written transactions. I/We understand that the stop will prevent all redemptions, unless the unique password is provided either by telephone or in writing. I/We understand that adding the stop to the account(s) will prevent any online redemptions with account access through CollegeAccess529.com.</p> <p>The unique password I/we have carefully selected shall be _____.</p> <p>I/We understand the following terms and conditions:</p> <ul style="list-style-type: none"> <li>✓ If there is a financial professional assigned to the account(s), currently or in the future, and I/we wish to have this individual act on my/our behalf with respect to my/our account, I/we understand that I/we must provide the financial professional with the password.</li> <li>✓ The unique password will not replace the general security requirements already in place by the Program Manager, and the unique password will be requested <i>in addition to</i> the general security checks and/or appropriate identifying information required for telephone and written transactions.</li> <li>✓ If I/we wish to rescind this request or initiate transactions over \$50,000.00, I/we acknowledge that the request must be submitted in writing, providing the password noted on my/our account(s), with my/our signature(s) Medallion Guaranteed.</li> <li>✓ If the unique password is misplaced and/or forgotten, prior to any transactions being processed on my/our account(s), I/we must submit written instructions to The Program Manager, with my/our signature(s) Medallion Guaranteed. The letter must provide the following:             <ul style="list-style-type: none"> <li>➢ The account number(s);</li> <li>➢ The requested transaction; and</li> <li>➢ Instructions to remove the existing password and if a new password is to be assigned, provide the new information.</li> </ul> </li> </ul> <p>I/we also understand that the instructions must be received by the transfer agent in good order on a business day prior to 4:00 PM Eastern Time to initiate transactions for that day's closing price, so if the instructions are received after 4:00 PM Eastern Time, the transaction will be processed at the next day's closing price.</p> <p><i>Continued on next page</i></p>

**2. Security Request, continued**

- ✓ This authorization and indemnity is a continuing one and shall remain in full force and effect until revoked by me/us by a written notice addressed to The Program Manager and delivered to the address as shown in the Plan Disclosure Statement and Participation Agreement. Such revocation will become effective as soon as The Program Manager has had a reasonable amount of time to act upon it; and the revocation shall not affect any liability in any way resulting from transactions initiated prior to The Program Manager acting on such revocation.
- ✓ Although The Program Manager will endeavor to consistently request the password for my/our account, I/we acknowledge that this is not a standard procedure. As a result, I/we acknowledge that The Program Manager cannot guarantee that it will be requested for all transactions.

**3. Authorizing Signature(s) – All account owner(s) listed in the account registration must sign below.**

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my CollegeAccess 529 Plan Account, and do agree, represent and warrant that I 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 understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. **I 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 do not contact The Program Manager.**

The Program Manager and their agents shall be entitled to rely on any written or oral instructions reasonably believed by them to be in accordance with the foregoing authorizations. The undersigned hereby agrees to indemnify and hold The Program Manager, their agents, and the affiliates, trustees/directors, employees, successors and assigns of each, harmless from and against any losses, claims, liabilities and expenses arising or resulting from any action taken in reasonable reliance upon instructions, either oral or written, from persons reasonably believed by the recipient(s) to have originated from Authorized Persons with respect to the CollegeAccess 529 account(s). The undersigned further agrees that The Program Manager and/or their agents has any duty to monitor or supervise any acts of any Authorized Persons, and the undersigned hereby ratifies and confirms any and all transactions and dealings effected in or for the CollegeAccess 529 account(s) by an Authorized Person. The provisions of this paragraph are continuing and shall survive in perpetuity notwithstanding the termination of any Authorized Person's authority or the termination or redemption of the CollegeAccess 529 account(s).

**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.**

Print Name	Signature	Date
Print Name	Signature	Date

**4. Signature Guarantee**

<p>An <b>SVP (Signature Validation Program) Stamp*</b> is required for all signatures in Section 3 for the following circumstances:</p> <p>An SVP Stamp may be obtained from eligible members of the Medallion Guarantee Program, including banks, Broker/Dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations.</p> <p>*In the event your bank or financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.</p> <p><b>Notarization from a Notary Public is not acceptable.</b></p>	<p><u>Place Stamp Here</u></p>
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**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.