

Account Application
For Investors Using
A Financial Advisor
(Classes A, C, SD-A
and SD-C)



This application may be used to purchase Class A, C, SD-A or SD-C Units of the **CollegeAccess 529 Plan**. You should receive the current Plan Disclosure Statement and Participation Agreement at the same time, or preceding the time, you complete this application. Please read it carefully before you invest. If you have questions, call your CollegeAccess 529 Plan Investor Services Representative, Monday through Friday, 8:30am–6:00pm Eastern Time, toll-free, at **866-529-7462**. Please mail this and any other required documents to:

via regular mail:
CollegeAccess 529
P.O. Box 219337
Kansas City, MO 64121-9337

via overnight mail:
CollegeAccess 529
430 W. 7th Street, Ste. 219337
Kansas City, MO 64105-1407

**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 does this mean to 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 also ask to see your driver's license or other identifying documents.

Terms used in this application, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

You must be a U.S. Citizen or Resident Alien to open an account.

1. Account Owner(s) Information

Account Owner/Custodian/Entity

Are you funding this account with cash proceeds from the sale of assets held in an UGMA or UTMA account? Yes No (See Plan Disclosure Statement for details.)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

Exact Name of Trust or Corporation, if applicable Tax ID Number, of Trust or Corporation, if applicable

Note: If establishing a Corporation account, please also submit a completed Certification of Beneficial Owners Form.

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Residence (NO P.O. boxes)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

E-mail Address

Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Joint Tenant (optional)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Affiliations

Company Name

If you are affiliated with or employed by a stock exchange or member firm of either an exchange or FINRA, or a municipal securities broker-dealer, please provide the company name at right.

If selecting the "Joint Tenant," option, joint tenancy with rights of survivorship will be presumed, unless otherwise specified.

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. In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as:

- a) the Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and
- b) a valid Social Security Number for the new Beneficiary is provided to the Program Manager.

2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

In the event of death of the Account Owner(s), a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

If your contribution is a rollover, please attach a completed rollover form, and consult the Plan Disclosure Statement for details on the implications of such a contribution.

IMPORTANT NOTES

Class A Unit Purchases:

See Plan Disclosure Statement to learn more about who qualifies to purchase units at net asset value (NAV).

Class C and SD-C Unit purchases:

Maximum permitted investment in Class C and SD-C Units is \$499,999.

See Plan Disclosure Statement for details.

Minimum initial contribution:
\$1,000 (\$250 minimum per portfolio);
\$250 if you are participating in Auto-Invest.
Maximum balance limit: \$350,000.

Make check payable to:
CollegeAccess 529 Plan.

2. Designated Beneficiary (Future Student)

Check here, if you qualify for 501(c)(3) status. (If so, a Beneficiary is not required to be designated at this time.)

First Name Middle Initial Last Name
Date of Birth (MM/DD/YYYY) Social Security Number (required)
Street Address Apt. Number City
State Zip Code

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

3. Successor Owner
Successor Owner (optional)

First Name Middle Initial Last Name
Date of Birth (MM/DD/YYYY) Social Security Number (required)
Street Address Apt. Number City
State Zip Code

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

4. Your Investment (You may choose up to five of the investments listed below)

Is your contribution a tax-free rollover from another 529 plan, a Coverdell Education Savings Account, or a qualified U.S. Savings Bond? Yes No

Note: Purchases made via direct rollover from another 529 plan will be allocated into Class A units at NAV.

Unit Class

Select the Class of Units you are purchasing.

- Class A Units with initial sales charge Class A Units load-waived (Please indicate reason below.)
- Class C Units (Only available for accounts with a broker of record. Broker information must be provided in Section 11.)

For South Dakota Residents ONLY:

- Class SD-A Units with initial sales charge Class SD-A Units load-waived (Please indicate reason below.)
- Class SD-C Units (Only available for accounts with a broker of record. Broker information must be provided in Section 11.)

I am entitled to buy Class A Units at NAV because (explain) _____
Employees of Brokerage Firms Please Read.

By checking this box, I certify that I am a registered representative or full-time employee of a participating broker-dealer (or parent or spouse of such individual), and therefore qualify to purchase units at net asset value (NAV) as outlined in the Plan Disclosure Statement and the Participation Agreement.

Dealer Firm Name _____

INVESTMENT OPTION 1

Age-Based Investment Portfolios

I/We wish to invest all or a portion of the contribution in the Age-Based Investment Portfolio that corresponds to the beneficiary's current age:

- I. Age-Based 1 (Ages 0-8)
- II. Age-Based 2 (Ages 9-10)
- III. Age-Based 3 (Age 11)
- IV. Age-Based 4 (Age 12)
- V. Age-Based 5 (Age 13)
- VI. Age-Based 6 (Age 14)
- VII. Age-Based 7 (Age 15)
- VIII. Age-Based 8 (Age 16)
- IX. Age-Based 9 (Ages 17 and Over)

I/We understand the portfolio will then be automatically reallocated among the other Portfolios above as the beneficiary ages. (See Plan Disclosure Statement for details.)

Total Amount Invested \$ _____ or _____%

INVESTMENT OPTION 2

Static Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Static Investment Portfolio(s).

\$ _____ or _____% Diversified Bond \$ _____ or _____% Ultrashort Bond
\$ _____ or _____% Diversified Equity \$ _____ or _____% **Total Amount Invested**

A complete and up-to-date list of the CollegeAccess 529 Investment Portfolios can be found in the current Plan Disclosure Statement, or by visiting our Web site: www.CollegeAccess529.com

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. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be made payable only to the Account Owner, the Designated Beneficiary, and Eligible Educational Institution or to an existing bank account on record. A Medallion Signature Guarantee is required if the payment is being sent to a person other than the account Owner or to an address or bank account that differs from the address or bank account on record.

See "Right of Accumulation" in the Plan Disclosure Statement, for details. If multiple accounts are held, or are being established at this time, and one or more of these accounts are UGMA/UTMAs, please attach a letter of instruction to ensure all accounts are linked for the purpose of Rights of Accumulation.

If no date is specified, the date of this purchase will be presumed to be the "initial" purchase date.

The minimum initial investment under a Statement of Intent is 5 % of the aggregate amount to be contributed.

IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS

\$50 minimum for each Portfolio selected. Automatic investments are subject to the following conditions:

- 1) Your bank account will be charged on or about the date of each investment as indicated.
- 2) 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.
- 3) 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.

INVESTMENT OPTION 3

Individual Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Individual Investment Portfolio(s) (that invest(s) in shares of the corresponding underlying mutual fund below).

\$ _____ or _____ % Dodge & Cox International	\$ _____ or _____ % PIMCO StocksPLUS Absolute Return
\$ _____ or _____ % Metropolitan West Total Return Bond	\$ _____ or _____ % Virtus AllianzGI Focused Growth
\$ _____ or _____ % Parametric International Equity	\$ _____ or _____ % Virtus AllianzGI Global Allocation
\$ _____ or _____ % PIMCO All Asset	\$ _____ or _____ % Virtus NFJ Dividend Value
\$ _____ or _____ % PIMCO Income	\$ _____ or _____ % Virtus NFJ Small-Cap Value
\$ _____ or _____ % PIMCO Real Return	
\$ _____ or _____ % PIMCO Short Asset Investment	\$ _____ or _____ % Total Amount Invested

5. Reduced Sales Charge

Choose one only. (This option available for Class A and SD-A Units only.)

Right of Accumulation

I/We own Units in the CollegeAccess 529 Plan which may entitle this purchase to have a reduced sales charge under the provisions in the Plan Disclosure Statement.

Existing Account Name

Account Number

Statement of Intent

By checking the box above, I/we understand purchases made within the prior 90 days will be included in the aggregate amount indicated above and therefore will count toward the fulfillment of this SOI. Furthermore, I/we understand that the established date of this SOI will be the date of the earliest purchase which occurred within the past 90 days. If this box is **not** checked the SOI will not be credited with the purchases made within the prior 90 days.

List all Class A Units purchased within the past 90 days below.

Fund Name

Account Number

Date of Initial Purchase

Fund Name

Account Number

Date of Initial Purchase

I/We agree to the conditions of the Statement of Intent as stated in the current Plan Disclosure Statement, including the minimum initial purchase requirement and escrow provisions. I/We intend to contribute, within a 13-month period beginning on _____ (initial purchase date), in Class A or Class SD-A Units of the CollegeAccess 529 Plan purchased with this application and one or more of the other Investment Portfolios listed in Section 4 above, an aggregate amount which, together with the value of Class A or Class SD-A Units of any of the Investment Portfolios purchased by me on the initial purchase date, will be at least equal to: \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

6. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change the allocation, unless you decline such privilege by marking one or more of the boxes below. I/We decline exchanges: I/We decline withdrawals:

If you do not decline the telephone privileges above, the Program Manager may accept telephone instructions from any person identifying himself as the owner of an account, provided that the Program Manager believes the instructions to be genuine. Thus, you risk possible losses in the event of a telephone request not authorized by you. See Plan Disclosure Statement for details.

7. FundLinksm and Auto-Invest

FundLinksm

FundLink is a service which "links" your CollegeAccess 529 Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

I/We hereby request that my CollegeAccess 529 account and my bank account (listed in Section 8) be "linked" to allow purchases and/or withdrawals to be debited/credited upon my/our authorization and/or in accordance with the Auto-Invest instructions listed in Section 7.

Auto-Invest

Authorization to honor checks or ACH debits for automatic investment in your account.

I/We hereby request to automatically invest on or about the _____ of each

month quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Note: If a frequency option is not selected, the bank draft will be automatically scheduled for monthly processing.

Portfolio Name

Amount

Portfolio Name

Amount

Portfolio Name

Amount

Tape voided check or deposit slip here.

IMPORTANT: Please tape your pre-printed, original voided check here (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

You must also complete Section 8 of this application, "Bank Account Information," to participate in FundLink or Auto-Invest.

8. Bank Account Information (for FundLink and/or Auto-Invest)

Please "link" my CollegeAccess 529 Plan account to my: Checking Account Savings Account
IMPORTANT: Please tape your pre-printed, voided check below (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

Account Name (Print title of your account exactly as it appears on your records.)	Bank Account Number
Bank Name and Branch Address	Bank Routing Number

9. Signature and Agreement of Account Owner(s)

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. I/We understand that you may supply my/our name(s) to issuers of any securities held in my/our account so I/we might receive any important information regarding them, unless I/we notify in writing not to do so. 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 I/we did not complete the section titled, "Dealer Information", I/we certify that there is no financial advisor associated with this account and 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 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.

Sign exactly as the account is to be registered.

Signature of Account Owner Date

Signature of Joint Owner Date

Section 10 is to be completed by your financial professional.

10. Dealer Information (Your Financial Professional must sign below if this section has been completed.)

Financial Professional's Last Name First Name Middle Initial Rep. ID Number

Financial Professional's Branch Office Address City State Zip Code

Branch Number Telephone Number

Dealer Name Telephone Number

Dealer Home Office Address City State Zip Code

Financial Professional's Signature - *REQUIRED* Date

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.

Please send the application with a check made payable to CollegeAccess 529 Plan.

(See page 1 for mailing address.)

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).

NOTICE: The Account is not insured by any state and neither the principal deposited nor any invest return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government of any federal agency.