

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 payment, if applicable, to one of the following:

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

****Fax**

844-751-0047

**Form may be faxed if a fee is not required or if the fee is to be deducted from an active account.

1. Requestor Information	
Name(s)	Daytime Telephone Number
Address	Alternate or Cell Phone Number
City, State, ZIP Code	Email Address

2. Transcript Fees
<p>For each request, the following fees are applicable per account owner and may include all accounts owned by that individual:</p> <ul style="list-style-type: none"> • The last 7 years, including the current year, are free. • \$5.00 per year going back to 2010. This fee will not exceed \$25.00, regardless of the number of years.

3. Account Information	
<p>If you are requesting a complete history but are unsure of the year that the account was opened, please include the approximate year or contact our office for the establishment date prior to submitting your request. Please list ALL portfolio and account numbers for which you are requesting a complete history. If there is not sufficient space below, please list the additional account information on the back side of this form.</p>	
<p>Portfolio/Account Number: _____ OR</p> <p>Full Names of Account Owner & Beneficiary _____</p>	<p><input type="checkbox"/> All portfolios under the listed account number.</p> <p>Requested Years _____</p>
<p>Portfolio/Account Number: _____ OR</p> <p>Full Names of Account Owner & Beneficiary _____</p>	<p><input type="checkbox"/> All portfolios under the listed account number.</p> <p>Requested Years _____</p>
<p>Portfolio/Account Number: _____ OR</p> <p>Full Names of Account Owner & Beneficiary _____</p>	<p><input type="checkbox"/> All portfolios under the listed account number.</p> <p>Requested Years _____</p>
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<p>Portfolio/Account Number: _____ OR</p> <p>Full Names of Account Owner & Beneficiary _____</p>	<p><input type="checkbox"/> All portfolios under the listed account number.</p> <p>Requested Years _____</p>

4. Payment & Delivery Instructions

Payment can be made by check, or if you currently hold an active account, the fee can be deducted from the account. If submitting a check, please make your check payable to the **CollegeAccess 529 Plan**.

Total cost for transcripts: \$ _____

Check Enclosed or Deduct the fee from account number _____

Mail the transcripts to the following address: and/or Fax the transcripts, as follows:

Name Fax Number

Address Attention

City, State, ZIP Code

Overnight delivery is available at a varying rate depending on the weight of the package. Please contact our office at the number listed above and we will be happy to provide you with a quote for the fee.

Important Information Regarding Fees: If you are requesting to have a transcript or overnight fee deducted from an account, due to IRS regulations, fees are considered taxable and reportable.

5. Authorizing Signature(s)

All account owner(s) named in the account registration must sign and date this form as authorization to process the request. If you are requesting to have the fee deducted from the account, the shares will be redeemed at the close of business on the day the request is received in good order. Any request received after 4:00 PM Eastern Time will be processed at the next day's closing price.

ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE PROGRAM MANAGER, THE COUNCIL, THE STATE OF SOUTH DAKOTA, AND/OR THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND/OR EMPLOYEES OF THE PROGRAM MANAGER, THE COUNCIL AND/OR THE STATE OF SOUTH DAKOTA, MAY SOLELY BE MADE 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 AND/OR THE ACCOUNT.

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