

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:

Regular Mail

College Access 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail

College Access 529
Attn: 534436
AIM: 154-0520
500 Ross Street
Pittsburgh, PA 15262

Fax

844-751-0047

Important Information

This form can only be used to transfer assets from an account registered under the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) to an individual account in the name of the former minor beneficiary once the former minor has reached the age of majority for the state in which the account is registered. If a different registration type is desired, or if a redemption is being requested, please complete our Change of Ownership Form, which can be obtained by calling a representative at the number above, or downloaded from our website, CollegeAccess529.com.

1. Existing Account Information

Account Owner(s) / Custodian and Former Minor's Names

Former Minor's U.S. Social Security Number

Mailing/Street Address

Former Minor's Date of Birth

City, State, ZIP Code

Account Number(s)

2. New Account Information

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. **Options:**
 - For all transfers, the Telephone Redemption/Exchange Option will automatically be added to the new account, unless the new owner notifies us otherwise.
 - 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 will need to complete the appropriate form or contact us.
3. **Investment Selection:** Unless otherwise specified, we will maintain the current investment selection(s). If the new account owner would like to change the investment selection, please attach a brief note providing the 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.

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 – Name and Mailing Address

Name of Account Owner (Former Minor)

U.S. Social Security Number Date of Birth

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

Email Address

Daytime Telephone Number

Street Address, City, State, ZIP Code

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

2. New Account Information, continued

Step 2 – Documentary Evidence

Documentary evidence showing the minor has reached the age of majority for the state in which the account is registered must be submitted. Please check off and include a clear copy of one of the following with this form:

- Copy of Birth Certificate
- Copy of Driver's License
- Copy of Social Security Benefit Statement; or
- Copy of Passport or other Government ID

3. 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 6.

_____	_____	_____
Name	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)		

4. Successor Owner (optional)

In the event the Account Owner(s) dies, a Successor Owner will become the new Account Owner. If no Successor Owner is designated, the account will revert to the Account Owner's estate.

_____	_____	_____
Name	U.S. Social Security Number	Date of Birth
_____	_____	_____
Street Address	City, State, ZIP Code	
_____	_____	_____
Email Address	Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required)	

5. Dealer (Financial Professional) 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 Street Address, City, State, ZIP Code	Branch Number
_____	_____
Financial Professional Name	Financial Professional Number
_____	_____
Financial Professional Email Address	Financial Professional Telephone Number
_____	_____
Financial Professional Signature – <i>REQUIRED</i>	Date

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

6. Authorizing Signature, New Account Acceptance and Certification

This section must be signed by the owner of the new account (the former minor), 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.

Substitute Form W-9

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.

If I am a nonresident alien, I am required to complete the appropriate Form W-8 to certify my foreign status. I understand that I am not under penalties of perjury certifying the above information. **NOTE REGARDING FORM W-9: The IRS does not require your consent to any provision on this application 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.

I 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. For the purpose of inducing the Program Manager, their agents and affiliates to act upon my instructions, I 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.

Print Name (account owner)

Signature

Date

Print Name (designated beneficiary if 18 or over)

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.