

(Please Print in Black Ink)

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 your check made payable to CollegeAccess 529 Plan, to one of the following addresses:

<i>Regular Mail</i>	<i>Overnight Mail</i>
CollegeAccess 529	CollegeAccess 529
P.O. Box 534436	Attn: 534436
Pittsburgh, PA 15253-4436	AIM: 154-0520
	500 Ross Street
	Pittsburgh, PA 15262

Important Information

This form should be used for existing Account Owners wishing to purchase additional units of the CollegeAccess 529 Plan. The form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully, before you invest.

1. Account Information

Account Owner	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Account Number	
<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. Your Investment

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 or SD-A units at NAV. Please attach a completed 529 Rollover Form and consult the Plan Disclosure Statement for details and the implications of such a contribution. Please include documentation detailing a breakdown of contributions and earnings if your proceeds are from an indirect rollover.

- Use the allocations currently on my account. If none, we will allocate in the same manner as your most recent contribution.
- Allocate my contributions equally between all open Investment Options.
- Allocate as indicated below:
- Allocate as indicated below and replace current allocation instructions for future contributions.
- I have directed my financial institution (bank, employer, etc.) to make payments to my account using the following instructions:

Bank of New York ABA – 011001234
 Account Owner Name – Name of employee
 Mellon Account Number – 7780XXXXXXXX9999* - *The Mellon Account Number is a 17-digit number and must start with 7780, followed by the Account Owner's Social Security number and end with 9999.

Portfolio Name	Account Number (if existing account)	Contribution Amount or %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
		Total \$ _____ or 100%

Continued on next page, if additional instructions are needed.

