

Additional Investment Form

(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:

Regular Mail CollegeAccess 529 P.O. Box 534436 Pittsburgh, PA 15253-4436

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

Overnight Mail

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			
☐ 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 Te	elephone Numb	er
2. Your Investment				
Is your contribution a tax-free rollover from another 529 plan, a CoBond? $\hfill\Box$ Yes $\hfill\Box$ No	verdell Education Savings Account,	or a qualifi	ed U.S. Saving	js
Note: Purchases made via direct rollover from another 529 pla attach a completed 529 Rollover Form and consult the Plan Dicontribution. Please include documentation detailing a breakdow rollover.	sclosure Statement for details and	d the implic	cations of suc	ch a
 ☐ Use the allocations currently on my account. If none, we will ☐ Allocate my contributions equally between all open Investmer ☐ Allocate as indicated below: ☐ Allocate as indicated below and replace current allocation ins 	nt Options.	ur most rec	ent contributio	n.
☐ I have directed my financial institution (bank, employer, etc.) to Bank of New York ABA – 011001234 Account Owner Name – Name of employee Mellon Account Number – 7780XXXXXXXXXX9999* - *The Mellon by the Account Owner's Social Security number and end with 999	to make payments to my account u Account Number is a 17-digit number		· ·	
•	er (if existing account)	Contribut	tion Amount or 9	%
	,	\$	or	%
		_	or	
		\$		
			or	
Continued on next page, if additional instructions are needed.	Total	\$	or 1009	%

2. Your Investment, continued				
Additional Allocation Instructions, if needed.				
Portfolio Name	Account Number (if existing account)	Contribution Amount or %		ó
		\$	or	%
		\$	or	%
		\$	or	%
		\$	or	%
		\$	or	%
		\$	or	%
		\$	or	%
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		\$	or	%
		\$	or	%
		\$	or	%
	Total from Page 1	\$	or	%
	Total from this page	\$	or	%
	Grand Total	\$	or 100%	, o
3. Signature and Agreement of Accoun	t Owner			
and upon such contribution do agree, represent a forth in both the current Participation Agreement assumes all investment risk of an investment in the ACCOUNT OWNER AGREES THAT ANY CLAIM BE THE STATE OF SOUTH DAKOTA OR THE MEMBED DAKOTA MAY BE MADE SOLELY AGAINST THE AHEREUNDER ARE LEGALLY BINDING CONTRACTONSIDERATION FOR THE ACCEPTANCE OF THE ACCOUNT OWNER AGREES TO WAIVE AND REIDAKOTA AND EACH OF THE MEMBERS, OFFICE	nal contribution be made to my CollegeAccess 529 Pland warrant that I have read, understand and agree to the and Plan Disclosure Statement. Account Owner under the Program, including the potential loss of principal. Y ACCOUNT OWNER OR THE DESIGNATED BENEFIC RS, OFFICERS AND EMPLOYEES OF THE COUNCIL CASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT TUAL OBLIGATIONS OF THETRUST ONLY. AS A CONTIST AGREEMENT BY THE PROGRAM MANAGER ON BLEASE THE PROGRAM MANAGER, THE COUNCIL AN RS, AFFILIATES, AGENTS AND EMPLOYEES OF THE FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION OR THE ACCOUNT.	He terms and stands that Adams that Adams the Station of Adams of The Station of The Stati	conditions secount Owner THE COUNE OF SOUTH ATIONS ND IN HE COUNCIL, E OF SOUTH IANAGER, TH	et er ICIL,
Print Name	Signature	Date		
Print Name	Signature I	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.