

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 addresses:

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

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(s)	U.S. Social Security Number
Mailing/Street Address	Email Address
City, State, ZIP Code	Account Number(s)
Evening Telephone Number	Mobile Telephone 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.

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 – 7780XXXXXXXXX9999* - *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.

Continued on the next page

2. Your Investment, continued

Allocation Instructions

<i>Portfolio Name</i>	<i>Account Number</i>	<i>Contribution Amount or %</i>
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
		Grand Total \$ _____ or _____ %

3. Signature and Agreement of Account Owner(s)

By signing below, I hereby request that an additional contribution be made to my CollegeAccess 529 Plan Account, as indicated above, and upon such contribution do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the current Participation Agreement and 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.

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 MY EMPLOYER, 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.

Print Name	Signature	Date
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Print Name	Signature	Date
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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.