

**Change Form
(For Classes A, C, SD A
and SDC)**

This form should be used **to make changes to an existing CollegeAccess 529 Plan account**, and must be preceded or accompanied by the current Plan Disclosure Statement. Please read it and the related Participation Agreement carefully, before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

Please visit our website, www.CollegeAccess529.com, to read our Privacy Policy.

If you have questions, call your CollegeAccess 529 Plan Investor Services Representative toll-free, Monday through Friday, 8:30am–6:00pm Eastern Time, at **866-529-7462**.

Send completed form to:

via regular mail:
CollegeAccess 529
PO Box 219337
Kansas City, MO 64121-9337

via overnight mail:
CollegeAccess 529
430 W 7th Street, Ste. 219337
Kansas City, MO 64105-1407

**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 does this mean 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 also ask to see your driver's license or other identifying documents.

Terms used in this form, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

Complete this section if any part of your personal information is changing (e.g., new married name, new address, etc.), or if you are transferring ownership of the account to another individual.

If selecting the "Joint Tenant," option, joint tenancy with rights of survivorship will be presumed, unless otherwise specified.

The Account Owner must be a U.S. Citizen or Resident Alien.

IMPORTANT: Please complete Section 1, regardless of the nature of the updates to be made to your account. Each additional section should be completed only if it pertains to your desired change.

1. Current Account Registration Information (required)

First Name Middle Initial Last Name

Social Security Number Account Number

2. New Account Registration Information

Name Change Transfer of Ownership (New Application and Medallion Signature Guarantee Required)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

New Joint Tenant (Medallion signature guarantee required to add or change joint tenant)

Additional Owner (no joint tenant currently) Change Joint Tenant (supersedes previous instructions)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

E-mail Address

3. Change of Address

(Note: no P.O. boxes permitted)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

New Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

In the event of death of the Account Owner, a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

Complete this section if you are changing your current Beneficiary. Your new Beneficiary must be related to the existing Beneficiary, and must be a U.S. Citizen or Resident Alien. See the current Plan Disclosure Statement for details.

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

You must supply a valid Social Security Number, for the Designated Beneficiary, to open an account. In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the

Beneficiary until such time as:

a) the Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and

b) a valid Social Security Number for the new Beneficiary is provided to the Program Manager.

Complete this section if you are changing the investment option(s) for an existing Beneficiary, or indicating the investment options for a new Beneficiary.

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. Units of each Class may only be exchanged for Units of the same Class.

You must allocate a minimum of \$50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

New Successor Owner (optional)

First Name	Middle Initial	Last Name
Social Security Number		Date of Birth (MM/DD/YY)

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

4. Change of Beneficiary (Future Student)

Existing Beneficiary

First Name	Middle Initial	Last Name
Date of Birth (MM/DD/YYYY)		Social Security Number (required)
Existing Beneficiary Account Number		

New Beneficiary (A new account number will be created if an existing account does not exist)

First Name	Middle Initial	Last Name
Date of Birth (MM/DD/YYYY)		Social Security Number (required)
Street Address	Apt. Number	City
State	Zip Code	

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Transfer Amount to new beneficiary (select only one)

Entire balance Partial balance

\$ _____ or _____ %

New Beneficiary Account Number (if account is already established)

5. Your Investment (You may choose up to five of the investments listed below)

INVESTMENT OPTION 1

Age-Based Investment Portfolios

I/We wish to invest in the following Age-Based Investment Portfolio(s). I/We understand the Portfolio(s) will be automatically reallocated among the other Portfolios below as the beneficiary ages:

- | | |
|-----------------------------|------------------------------------|
| I. Age-Based 1 (Ages 0-8) | VI. Age-Based 6 (Age 14) |
| II. Age-Based 2 (Ages 9-10) | VII. Age-Based 7 (Age 15) |
| III. Age-Based 3 (Age 11) | VIII. Age-Based 8 (Age 16) |
| IV. Age-Based 4 (Age 12) | IX. Age-Based 9 (Ages 17 and Over) |
| V. Age-Based 5 (Age 13) | |

I/We understand the portfolio will then be automatically reallocated among the other portfolios above as the beneficiary's age changes. (See Plan Disclosure Statement for details.)

Amount to be invested for: \$ _____ or _____ % existing assets
 all future contributions

INVESTMENT OPTION 2

Static Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Static Investment Portfolio(s).

\$ _____ or _____ % Diversified Equity \$ _____ or _____ % Ultrashort Bond

\$ _____ or _____ % Diversified Bond

Amount to be invested for: existing assets all future contributions.

INVESTMENT OPTION 3

Individual Investment Portfolios

I/We wish to invest all or a portion of the contribution in the following Individual Investment Portfolio(s) (that invest(s) in shares of the corresponding underlying mutual fund as indicated by the symbol).

- \$ _____ or _____ % Dodge & Cox International
\$ _____ or _____ % Metropolitan West Total Return Bond
\$ _____ or _____ % Parametric International Equity
\$ _____ or _____ % PIMCO All Asset
\$ _____ or _____ % PIMCO Income
\$ _____ or _____ % PIMCO Real Return
\$ _____ or _____ % PIMCO Short Asset Investment
\$ _____ or _____ % PIMCO StocksPLUS Absolute Return
\$ _____ or _____ % Virtus AllianzGI Focused Growth
\$ _____ or _____ % Virtus AllianzGI Global Allocation
\$ _____ or _____ % Virtus NFJ Dividend Value
\$ _____ or _____ % Virtus NFJ Small-Cap Value
\$ _____ or _____ % Total Amount Invested

Amount to be invested for: [] existing assets [] all future contributions.
Total amount to be invested (for all three investment options) \$ _____ or _____ %

6. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change the allocation, unless you decline such privilege by marking one or more of the boxes below.

I/We decline telephone exchanges: [] I/We decline telephone withdrawals: []

If you do not decline the telephone privileges above, the Program Manager may accept telephone instructions from any person identifying himself as the owner of an account, provided that the Program Manager believes the instructions to be genuine. Thus, you risk possible losses in the event of a telephone request not authorized by you. See Plan Disclosure Statement for details.

7. FundLink and Auto-Invest

FundLink

FundLink is a service which "links" your CollegeAccess 529 Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

A Medallion Signature Guarantee is needed to add bank information on your account.

[] I/We hereby request that my CollegeAccess 529 account and my bank account (listed in Section 9) be "linked" to allow purchases and/or withdrawals to be debited/credited upon my/our authorization and/or in accordance with the Auto-Invest instructions below.

Auto-Invest

Authorization to honor ACH debits for automatic investment in your account.

Select only one

- [] Add this option to my account
[] Change my investment amount and/or debit (withdrawal) date on my current Auto-Invest
[] Stop the Auto-Invest option on my account

Complete if necessary

- [] I/We hereby request to automatically invest on or about the _____ day of each
[] month [] quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Note: If a frequency option is not selected, the investment will be automatically scheduled for monthly processing. To change the bank account information being used for Auto-Invest, please complete Section 9 and check off 'Carry over existing Auto-Invest.'

Table with 2 columns: Portfolio Name, Amount. Three rows for data entry.

8. Bank Account Information for FundLink and/or Auto-Invest (Medallion Signature Guarantee Required — See Section 10)

Please provide information on the bank you would like to link your account to.

Type of Account (Select one): [] Checking Account [] Savings Account

Choose only one

- [] Add Bank Account Information
[] Change Existing Bank Account Information
[] Carry over existing Auto-invest plan to a new bank account

Table with 2 columns: Account Name (Print title of your account exactly as it appears on your records.), Account Number, Bank Name and Address, Routing Number.

IMPORTANT: Tape your pre-printed, voided check at left (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

The proceeds of a telephone withdrawal may be payable only to the Account Owner of record and mailed to the address of record or existing wiring instructions on your account.

You must also complete Section 9 of this application to participate in FundLink or Auto-Invest.

Automatic investments are subject to the following conditions: 1. Your bank account will be charged on or about the date of each investment as indicated. 2. 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. 3. 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.

See "Rights of Accumulation" in the Plan Disclosure Statement. If multiple accounts are held or are being established at this time, and one or more of these accounts are UGMA/UTMAs, please attach a letter of instruction to ensure all accounts are linked for the purpose of Rights of Accumulation.

If no date is specified, the date of this purchase will be presumed to be the "initial purchase date."

The minimum initial investment under a Statement of Intent is 5% of the aggregate amount to be contributed.

The CollegeAccess529 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.

To be filled out by financial professional.
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.

9. Reduced Sales Charge

Choose one only. (This option available for Class A and SD-A Units only.)

Rights of Accumulation

I own Units in the CollegeAccess 529 Plan which may entitle this purchase to have a reduced sales charge under the provisions in the Plan Disclosure Statement.

Existing Account Name

Account Number

Statement of Intent

By checking the box above, I/we understand purchases made within the prior 90 days will be included in the aggregate amount indicated above and therefore will count toward the fulfillment of this SOI. Furthermore, I/we understand that the established date of this SOI will be the date of the earliest purchase which occurred within the past 90 days. If this box is not checked the SOI will not be credited with the purchases made within the prior 90 days.

List all Class A Units and/or SD-A purchased within the past 90 days below.

Fund Name

Account Number

Date of Initial Purchase

Fund Name

Account Number

Date of Initial Purchase

I/We agree to the conditions of the Statement of Intent as stated in the current Plan Disclosure Statement, including the minimum initial purchase requirement and escrow provisions. I/We intend to contribute, within a 13-month period beginning on _____ (initial purchase date), in Class A or Class SD-A Units of the CollegeAccess 529 Plan purchased with this application and one or more of the other Investment Portfolios listed in Section 5 above, an aggregate amount which, together with the value of Class A or Class SD-A Units of any of the Investment Portfolios purchased by me on the initial purchase date, will be at least equal to:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

10. Signature and Agreement of Account Owner(s)

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my CollegeAccess 529 Plan Account, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement, and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. I/we understand that if I/we did not complete the section titled, "Dealer Information", I/we certify that there is no financial advisor associated with this account and that I/we take full responsibility for all investment selections made. **I 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 do not contact VP Distributors, LLC.**

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.

Signature of account owner

Date

Signature of joint owner

Date

Medallion Signature Guarantee—Required for transfers of ownership or requests to update bank information.

Notary Stamp—Required for name changes.

11. Dealer Information

Dealer Name

Telephone Number

Dealer Home Office Address

City

State

Zip Code

Financial Professional's Last Name

First Name

M.I.

Rep I.D.No.

Financial Professional's Branch Office Address

City

State

Zip Code

Branch Number

Telephone Number