

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

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

Important Information

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.

1. Current Account Information

Account Owner	U.S. Social Security Number
Address	Email Address
City, State, ZIP Code	Existing Account Number(s)
<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

2. Type of Change

- Account Maintenance Changes, such as address change, account options, etc. – Go to Section 3.
- Banking Information and Options – Go to Section 4.
- Investment Changes – Go to Section 5.

3. Account Maintenance Changes

- Address Change** – If the new mailing address is a post office box, a street address is also required. APO and FPO addresses will be accepted.

Email Address _____		Mobile Phone Number _____	
Street Address _____	City _____	State _____	ZIP Code _____
Mailing Address (if different from above) _____	City _____	State _____	ZIP Code _____
Joint Tenant Street Address, if applicable (if different from street address above) _____	City _____	State _____	ZIP Code _____

3. Account Maintenance Changes, continued

Telephone Privileges: Exchanges and Withdrawals

You and your designated Financial Professional 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, or the designated Financial Professional on the 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 or your designated Financial Professional. See the Plan Disclosure Statement for details. The proceeds of a telephone withdrawal may be made payable only to the Account Owner, the Designated Beneficiary, an Eligible Educational Institution on record or to an existing bank account on record. A Medallion Signature Guarantee is required if the payment is being sent to a person other than the account Owner or to an address or bank account that differs from the address or bank account on record.

Reduced Sales Charge

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

Letter of Intent

I/We agree to the conditions of the Letter of Intent (LOI) 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 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 the prior section, an aggregate amount which, together with the value of Class A or Class SD-A Units of any of the eligible 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

This is a new Letter of Intent, which will be effective on the date the account(s) is established.

This is an existing Statement of Intent. The Letter of Intent was:

Signed on: _____ For \$ _____ LOI #: _____

Right of Accumulation

I/We own Units in the College Access 529 Plan which may entitle this purchase to have a reduced sales charge under the provisions in the Plan Disclosure Agreement. Please note, the PIMCO Short Asset Investment and Ultrashort Bond Portfolios may not be used for Rights of Accumulation.

Existing Account Name: _____ Account Number: _____

Existing Account Name: _____ Account Number: _____

Existing Account Name: _____ Account Number: _____

Existing Account Name: _____ Account Number: _____

Successor Owner

Please complete this section if you wish to add a successor owner or change an existing successor owner. 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 return to the Account Owner's estate. By completing this section, all prior successor owner designations, if any, are revoked.

Name (First, Middle, Last) _____ U.S. Tax I.D. Number _____ Date of Birth _____

Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required.): _____

Street Address _____

City _____ State _____ Zip Code _____

4. Banking Information & Options

Bank Account Information

A signature guarantee may be required. For the Auto-Invest or telephone purchase option, a signature guarantee is not required. However, to add banking information to the account for the telephone redemption option, a signature guarantee is required.

Select only one:

- Add bank account information to my account.
- Change existing bank account information.
- Carry over existing Auto-Invest option to a new bank account.

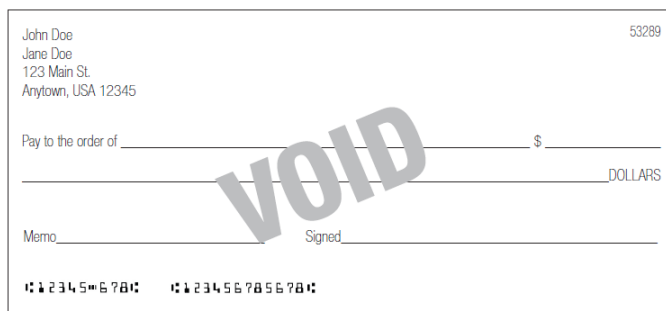
I/We hereby request that my CollegeAccess 529 account and my bank account be "linked" to allow purchases and/or withdrawals to be debited/credited upon my/our authorization, or authorization from the designated Financial Professional(s), if applicable, and/or in accordance with the Auto-Invest instructions listed above. **The registered owner(s) name(s) must appear on the bank account. If the registered owner(s) is not listed on the bank account, please contact our office for additional requirements.**

Bank Name	Bank Routing Number	Account Type (Checking or Savings)
Bank Account Holder's Name(s)	Bank Account Number	Bank Telephone Number

Type of Account:

- Checking Account** – An original voided check is required. Starter checks and photocopies will not be accepted.
- Savings Account** – A letter from your bank, on bank letterhead and signed by a bank officer, confirming the banking information is required.

Please attach voided check here



IMPORTANT: The form must be submitted at least 10 business days prior to the first transaction for the banking information to be properly verified.

- Auto-Invest** - Provides authorization to honor ACH debits for automatic investment into your account. Please note that there is a \$50 minimum for each Portfolio selected.

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.

For adding or changing the Auto-Invest option, I/We hereby request to automatically invest in the Investment Portfolio(s) indicated below:

Day of the month for withdrawals _____ Frequency: Monthly Quarterly

Note: If a frequency option is not selected, the bank draft will be automatically scheduled for processing on the 15th of each month. Your bank account will be charged on or about the date of each investment as indicated.

Amount of purchase \$ _____	Portfolio Name _____
Amount of purchase \$ _____	Portfolio Name _____
Amount of purchase \$ _____	Portfolio Name _____
Amount of purchase \$ _____	Portfolio Name _____

- Withdrawals to a Bank Account (Signature Guarantee Required)** – By adding bank information to your account, you may withdraw up to \$50,000 to your designated bank account according to the terms of the Plan Disclosure Statement and Participation Agreement. Calls/trades received before the market close (generally 4:00 PM Eastern Time for the NYSE) will receive that day's closing price. Calls/trades received after the market close will receive the next day's closing price.

Provisions: Request received by telephone or account access via the internet, to withdraw units may be sent to the bank account designated on our records. Redemptions made with this option may be made via ACH or federal fund wire. Redemption payments made via ACH will be made within one to three business days and redemption payments through federal fund wire will typically be made the next business day and may be subject to a fee at your chosen bank. If there are insufficient funds in an account to meet a redemption order, the transaction will not be processed. Units must have been owned for at least 10 calendar days before they can be withdrawn.

5. Investment Options

Please complete this section if you are changing the investment option(s). 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.

Select only one:

- Update future allocations only.
- Update future allocations *and* exchange existing portfolio.
- Exchange existing portfolio only.

Investment Option 1 – Available for all share classes in the CollegeAccess 529 plan.

Age-Based Investment Portfolios - I/We understand the portfolio will then be automatically reallocated among the other Age-Based Investment Portfolios above as the beneficiary ages. (See Plan Disclosure Statement for details.) I/We wish to invest all or a portion of the contribution in the Age-Based Investment Portfolio that corresponds to the beneficiary's current age:

- | | |
|-----------------------------|------------------------------------|
| 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) | |

Total Amount Invested: \$ _____ or _____ %

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).

	Classes A, C, *F, SD-A & SD-C	Class SD-D ONLY (South Dakota Investors)
Diversified Bond	\$ _____ or _____ %	\$ _____ or _____ %
Diversified Equity	\$ _____ or _____ %	N/A
Ultrashort Bond	\$ _____ or _____ %	N/A
Total Amount Invested	\$ _____ or _____ %	\$ _____ or _____ %

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 below).

	Classes A, C, *F, SD-A & SD-C	Class SD-D ONLY (South Dakota Investors)
Dodge and Cox International Stock	\$ _____ or _____ %	N/A
Metropolitan West Total Return Bond	\$ _____ or _____ %	N/A
Parametric International Equity	\$ _____ or _____ %	N/A
PIMCO All Asset	\$ _____ or _____ %	\$ _____ or _____ %
PIMCO Income	\$ _____ or _____ %	N/A
PIMCO Real Return	\$ _____ or _____ %	\$ _____ or _____ %
PIMCO Short Asset Investment	\$ _____ or _____ %	N/A
PIMCO StocksPLUS Absolute Return	\$ _____ or _____ %	N/A
Virtus Global Allocation	\$ _____ or _____ %	N/A
Virtus NFJ Dividend Value	\$ _____ or _____ %	N/A
Virtus NFJ Small-Cap Value	\$ _____ or _____ %	N/A
Virtus Silvant Focused Growth	\$ _____ or _____ %	N/A
Total Amount Invested	\$ _____ or _____ %	\$ _____ or _____ %
Grand Total Invested	\$ _____ or _____ %	\$ _____ or _____ %

* Class F Units are available only through an Account established with a Financial Professional who will be required to sign below.

Financial Professional's Signature - **REQUIRED**

Date (Month/Day/Year)

6. Signature and Agreement of Account Owner(s)

All Account Owner(s) or authorized signers of the existing account must sign this form. The form must be signed in capacity if the signer is not listed in the registration of the account (example: executor/personal representative/administrator of an estate, successor owner, attorney-in-fact, etc.). Please see below for the scenarios in which a signature guarantee will be required.

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 acknowledge that by signing below, I may be releasing any current ownership privileges and am authorized to request such changes. 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.

_____	_____	_____
Print Name	Signature/Capacity	Date
_____	_____	_____
Print Name	Signature/Capacity	Date

7. Signature Guarantee

An SVP (Signature Validation Program) Stamp* is required if the option of having withdrawals sent to a bank account not currently on file is requested.

Please contact your financial institution in advance to determine their supporting documentation requirements, if any.

A Medallion Guarantee Stamp may be obtained from an eligible guarantor. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions, as defined by the Federal Deposit Insurance Act and registered Broker/Dealers.

An SVP (Signature Validation Program) Stamp may be obtained from eligible members of the Medallion Guarantee Program, including banks, Broker/Dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations.

*In the event your bank or financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.

Notarization from a Notary Public is not acceptable.

<u>Place Stamp Here</u>

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.