

(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 note our representatives do not offer investment advice or make recommendations about your investment(s).

Please send the completed form to one of the following addresses:

*Regular Mail*

CollegeAccess 529  
P.O. Box 9898  
Providence, RI 02940-8098

*Overnight Mail*

CollegeAccess 529  
4400 Computer Drive  
Westborough, MA 01581

### Important Information

This form may be used for the Auto-Exchange Plan option, as described in the current CollegeAccess 529 Plan Disclosure Statement, to regularly exchange units from one CollegeAccess 529 Plan Portfolio to another within the same Class. Please note: exchanges between 529 Plan accounts with different registrations are not allowed. This form must be preceded by or accompanied by the current CollegeAccess 529 Plan Disclosure Statement and Participation Agreement. Please read both documents carefully, before you invest.

### 1. Account Owner & Designated Beneficiary Information

Account Owner	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	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	Evening Telephone Number
Designated Beneficiary (required)	U.S. Social Security Number	Date of Birth

### 2. Auto-Exchange Plan Instructions

*This form must be received five business days before the first exchange date or the exchange will default to the next month. Minimum contribution: \$50 (per portfolio). Maximum balance limit: \$350,000.*

Please indicate how you would like to regularly exchange units.

I wish to make  monthly  quarterly exchanges, on or about the  1<sup>st</sup>  15<sup>th</sup> day of the month, beginning \_\_\_\_ (month/year), from one of the following Portfolios:

#### Ultrashort Bond

Portfolio Name	Account Number	Class of Units
OR		

#### PIMCO Short Asset Investment

Portfolio Name	Account Number	Class of Units
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*Continued on next page.*

**2. Auto-Exchange Plan Instructions, continued**

**I wish to make the exchanges to the following Portfolio (s):**

<i>Portfolio Name</i>	<i>Account Number (if existing account)</i>	<i>Contribution Amount</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<i>Total</i>		\$ _____

**3. Signature and Agreement of Account Owner(s)**

By completing this form and signing below, I/we hereby request that the Program Manager establish an Auto-Exchange Plan and am/are authorizing the automatic exchange of units from my CollegeAccess 529 Plan account listed above. I/We understand that this Auto-Exchange Plan (A/K/A, "Dollar Cost Averaging") is subject to the terms and conditions of the current CollegeAccess 529 Plan Disclosure Statement, and upon such request do agree, represent and warrant that I/we have read, understand and agree to the terms and conditions set forth in both the current Plan Disclosure Statement and Participation Agreement. As Account Owner, I/we understand that Account Owner assumes all investment risk of an investment in the Program, including the potential loss of principal.

By signing below, I/we hereby authorize VP Distributors, LLC and its agents to make the above broker-dealer and financial professional changes for the account(s) referenced above. I/We understand certain mutual fund share classes include a sales charge which is intended to compensate a financial intermediary for their services. This charge applies whether or not a financial intermediary is designated on an account. In addition, some share classes pay on-going distribution and/or service fees. Like the sales charge, these fees are intended to compensate a financial intermediary for their services and are still retained by the Fund's distributor.

I/We authorize the Program Manager and its agents to act upon instructions (by phone, in writing, on-line or by other means) believed to be genuine and in accordance with the procedures described in the Plan Disclosure Statement for this account or any account into which exchanges are made. I/We agree that neither the Plan Manager nor the Transfer Agent will be liable for any loss, cost or expense for acting on such instructions, provided that the Transfer Agent employs reasonable procedures to confirm that instructions communicated are genuine. I/We understand that I/we bear the risk from instructions given by an unauthorized third party that the Transfer Agent reasonably believes to be genuine.

By signing below, if there is a Dealer assigned to my/our existing account(s) listed above or any new account established under the same primary Social Security number in the future, I/we hereby authorize the listed Dealer to act on my/our behalf with respect to my/our account(s) in all aspects, including without limitation initiating contact specifically for the purposes of unclaimed property laws.

**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 (account owner, custodian, trustee, partner, officer, or authorized financial professional)	_____ Date
_____ Signature (joint owner, co-trustee, partner, or officer)	_____ 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.