

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

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. 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.

Day of the month for exchanges:  1<sup>st</sup>  15<sup>th</sup>

Frequency:  Monthly  Quarterly

*Note: If a day code is not provided, the exchange will run on or about the 15<sup>th</sup> of the month. If a frequency is not provided, the option will be established to run monthly.*

Beginning date: \_\_\_\_\_ (month/year), from one of the following Portfolios:

<b>Portfolio Name</b>	<b>Account Number</b>	<b>Class of Units</b>
<input type="checkbox"/> <b>Ultrashort Bond</b>	_____	_____
<b>OR</b>		
<input type="checkbox"/> <b>PIMCO Short Asset Investment</b>	_____	_____

Continued on the next page

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

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

<b>Portfolio Name</b>	<b>Account Number</b>	<b>Contribution Amount</b>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		Grand Total \$ _____

**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.**

Print Name	Signature	Date
_____	_____	_____
Print Name	Signature	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.