

Broker Dealer Change Form

(For All Classes: A, C,
SD-A, and SD-C)

Please use this form to change the Broker Dealer Information on your CollegeAccess 529 Plan account. 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**. Please note our representatives do not offer investment advice or make recommendations about your investment(s). 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

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

1. Existing Account Owner Information

First Name (or Trustee) Middle Initial Last Name Social Security Number

Exact Name of Trust or Corporation, if applicable Tax ID Number (of Trust or Corp., if applicable)

Account Number(s)

2. New Dealer Information

Check this box if you would like to remove your current financial intermediary without a replacement.

Name of Financial Professional Financial Professional ID Number

Financial Professional Branch Office Address

Financial Professional Branch Number Financial Professional Phone Number

Dealer Name

Dealer Home Office Address

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.

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.

3. Signatures

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 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

Date

Signature of Joint Owner (if applicable)

Date

Signature of Financial Professional

Date