

(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 use this form to change the Broker Dealer Information on your CollegeAccess 529 Plan account. 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

1. Account Information		
Account Owner	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Account Number	
<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

2. New Dealer Information	
<input type="checkbox"/> Check this box if you would like to remove your current financial intermediary without a replacement.	
Dealer Name	Dealer Number
Branch - Street Address	Branch Number
Branch - City, State, Zip Code	Branch Telephone Number
Financial Professional Name	Financial Professional Number
Financial Professional E-mail Address	Financial Professional's Telephone Number

3. Signature and Agreement of Account Owner(s) & Financial Professional

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 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 Plan'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, or officer)

Date

Signature (joint owner, co-trustee, partner, or officer)

Date

Signature of Financial Professional

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.