

(Please Print in Black Ink)

NOTE: South Dakota residency is required for either the Account Owner or Designated Beneficiary.

This application may be used to purchase Class SD-D Units of the CollegeAccess 529 Plan if you or the designated beneficiary is a resident of South Dakota, and you will not be using a financial advisor. You should receive the current Plan Disclosure Statement and Participation Agreement at the same time, or preceding the time, you complete this application. Please read it carefully before you invest.

If you have questions, call your CollegeAccess 529 Plan Investor Services Representative, Monday through Thursday, 8:30am–6:00pm Eastern Time and until 5:00pm on Friday, at **866-529-7462**. For more information about the plan, please visit **CollegeAccess529.com**.

Important Information

1. You must supply a valid Social Security number for the Account Owner and the Designated Beneficiary. Without it, we will be unable to establish the account.
2. The Designated Beneficiary must be a U.S. Citizen or Resident Alien.
3. Texas State Residents may designate a “representative for notice” for escheatment by submitting the completed designation form from the state of Texas Comptroller’s website. The designee has no rights to claim or access the shareholder’s account or assets. The completed form may be mailed to one of the addresses listed below.
4. To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify and record information about the beneficial owners of legal entity customers. If you are establishing a **legal entity account**, which includes an account in the name of a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State of similar office, a general partnership, and any similar business entity formed in the United States or a foreign country, this application **must** be accompanied by the *Certification of Beneficial Owners for Legal Entity Customers* form. The form is available on our website, CollegeAccess529.com, or by calling 866-529-7462.
5. Mail the completed application, and any other required documents 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 ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may check the information you provide against publicly available databases, information obtained from consumer reporting agencies, other financial institutions or other services. If reasonable efforts to verify your identity have failed, we reserve the right to close the account and redeem the shares at the net asset value next calculated after the decision is made by us to close the account.

Bolded fields are required to be completed and will be verified. If bolded fields in Sections 1 and 2 are not completed, this application will not be accepted.

Notice: CollegeAccess 529 Plan accounts are not insured by any state, and neither the principal deposited nor any investment return is guaranteed by any state.

The Program Manager and Underwriter for the CollegeAccess 529 Plan is **VP Distributors LLC**.

4. Your Investment

- The minimum initial contribution is \$250, with a minimum of per \$250 per portfolio or \$50 if you are participating in Auto-Invest or a payroll deduction program through your employer.
- The maximum balance limit is \$350,000.
- 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. 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.
- If we do not receive investment instructions at the time a subsequent contribution is made, the Program Manager will allocate the contribution pro rata among the Investment Portfolios in the same manner and to the same class of Units as your most recent contribution was allocated.

Is your contribution a tax-free rollover from another 529 plan, a Coverdell Education Savings Account, or a qualified U.S. Savings Bond? Yes No

Note: Purchases made via direct rollover from another 529 plan will be allocated into Class A units at NAV. Please attach a completed 529 Rollover Form and consult the Plan Disclosure Statement for details and the implications of such a contribution.

Investment Option 1

Age-Based Investment Portfolios - 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) | |

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.)

Total Amount Invested: \$ _____ or _____ %

Investment Option 2

Static Investment Portfolio - I/We wish to invest all or a portion of the contribution in the following Static Investment Portfolio.

Diversified Bond \$ _____ or _____ %

Total Amount Invested \$ _____ 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).

PIMCO All Asset \$ _____ or _____ %

PIMCO Real Return \$ _____ or _____ %

Total Amount Invested \$ _____ or _____ %

Grand Total Invested \$ _____ or _____ %

5. Telephone Privileges: Exchanges and Withdrawals

You 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, 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. See the Plan Disclosure Statement for details.

6. Auto Invest

Provides authorization to honor checks or ACH debits for automatic investment into your account. (You must provide your bank information in the section below) Please note that there is a \$50 minimum for each Portfolio selected.

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 date or 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 _____

7. Bank Account Information

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 and/or in accordance with the Auto-Invest instructions listed in the section 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
original voided
check here**

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 1 2 3 4 5 ⑈ ⑆ 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

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

8. Add a Trusted Contact (optional)

To designate a Trusted Contact person for your CollegeAccess 529 account(s), please complete this section. Adding a Trusted Contact provides us with a resource to contact on your behalf, if necessary. A Trusted Contact is someone you allow us, our agents, and/or your financial professional to contact and disclose information to about your account in the event that we suspect financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

- Naming a Trusted Contact is optional.
- The Trusted Contact must be at least 18 years old.
- The Trusted Contact will not be able to execute transactions or inquire about account activity.
- We suggest that your Trusted Contact not be already authorized to transact business on your account(s) or already able to receive information about your account(s)—e.g., financial consultant, financial professional, or by virtue of Power of Attorney or View Only authority.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee or agent.
- Only you as the account owner have the ability to add, update, or remove a Trusted Contact for your account(s).

Trusted Contact Information: If you are electing to have a Trusted Contact person added to your account, please complete the following information. Please be sure to provide at least one method of contact for the Trusted Contact listed.

_____ Name	_____ Relationship to Account Owner	_____ Mobile Telephone Number
_____ Address		_____ Evening Telephone Number
_____ City, State, ZIP code		_____ Email Address

I understand that there is no requirement that the Program Manager reach out to my Trusted Contact and that I may withdraw this Authorization at any time by notifying the Program Manager via phone or in writing at the address shown on my account statement. By signing this document, I agree on behalf of myself and my heirs to indemnify and hold the Program Manager their transfer agent and sub-transfer agent, and the predecessors, successors, officers, directors, trustees, employees, agents, representatives, parents, affiliates, assigns, and attorneys of each harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by them as a result of any claim, judgment, or proceeding arising out of or relating to the Program Manager or their representatives contacting, or failing to contact, my Trusted Contact identified in this document.

I understand that by naming a Trusted Contact, I am authorizing, but not requiring, the Program Manager, their transfer agent, and/or my financial professional to contact the Trusted Contact and disclose information about my account: (1) to address possible financial exploitation; (2) to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or (3) as otherwise permitted by applicable law or regulation, including applicable FINRA rules.

I understand that if a financial professional is linked to my account(s), then my Trusted Contact information will be made available to the financial professional, and the Program Manager or their agents may notify the financial professional of our interactions with the Trusted Contact. I agree that the Program Manager and their agents will not be responsible for, and cannot monitor, the financial professional's use of the Trusted Contact information.

I understand that the Program Manager and their agents may continue to treat this designation of my Trusted Contact as valid until either I notify the Program Manager of its withdrawal as described above or they become aware that I have died.

9. Signature and Agreement of Account Owner(s)

By signing below, I/we hereby request that a CollegeAccess 529 Plan Account be established, and upon such opening do agree, represent and warrant that I/we have read, understand and agree to the terms and conditions set forth in both the Participation Agreement and the current Plan Disclosure Statement.

Account Owner understands that Account Owner assumes all investment risk of an investment in the Program, including the potential loss of principal. If I/we am/are requesting that a trust account be opened, I/we certify that (i) I/we am/are the Trustee(s) of said Trust, (ii) I/we have provided a copy of the Trust agreement (as amended) and (iii) I/we certify that the Trust is still in existence and none of the conditions for termination have occurred. **I/we understand that there is no financial professional associated with this account and that I/we take full responsibility for all investment selections made. I/we 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/we do not contact VP Distributors, LLC.**

Important notes about automatic investments: The privilege of making investments by Auto-Invest may be revoked by the Program Manager without prior notice if any check is not paid upon presentation. The Program Manager shall be under no obligation to notify the undersigned as to the non-payment of any check. Auto-Invest may be discontinued by the Program Manager upon thirty (30) days written notice prior to any investment date or by the undersigned at any time by written notice to the Program Manager, provided such notice is received at least ten (10) business days prior to the due date of any investment.

For each person providing a taxpayer identification number on this form/application, under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien); and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. NOTE: The IRS does not require your consent to any provision on this form other than the certification required to avoid backup withholding.

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 of Account Owner (sign exactly as the account is to be registered)

Date

Signature of Joint Owner, if applicable

Date

Please send the application with a check made payable to CollegeAccess 529 Plan to one of the following addresses:

<i>Regular Mail</i>	<i>Overnight Mail</i>
CollegeAccess 529	CollegeAccess 529
P.O. Box 534436	Attn: 534436
Pittsburgh, PA 15253-4436	AIM: 154-0520
	500 Ross Street
	Pittsburgh, PA 15262

The Program Manager reserves the right to require payment by wire or U.S. Bank Check. The Program Manager does not accept payments made by cash, temporary/starter checks, third party checks, credit cards, traveler's checks, credit card checks, money orders, or checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank).

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.