

Account Application

For Direct Investors (NOT using a Financial Advisor)
Purchasing Class SD D Units

(South Dakota residency required for either Account Owner or Beneficiary)

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 does this mean 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 also ask to see your driver's license or other identifying documents.

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

You must be a U.S. Citizen or Resident Alien to open an account.

If you are affiliated with or employed by a stock exchange or member firm of either an exchange or the FINRA, or a municipal securities broker-dealer, please provide the company name at right.

If selecting the "Joint Tenant," option, joint tenancy with rights of survivorship will be presumed, unless otherwise specified.



This application may be used to purchase Class SD-D Units of the **CollegeAccess 529 Plan**. The application must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it — and the related Participation Agreement — carefully, before you invest. 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**.

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

1. Account Owner(s) Information

Account Owner / Custodian / Entity

Are you funding this account with cash proceeds from the sale of assets held in an UGMA or UTMA account? Yes No (See Plan Disclosure Statement for details.)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

Exact Name of Trust or Corporation, if applicable Tax ID Number, of Trust or Corporation, if applicable

Note: If establishing a Corporation account, please also submit a completed Certification of Beneficial Owners Form.

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Residence (NO P.O. boxes)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

E-mail Address

Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Joint Tenant (optional)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YYYY) Social Security Number

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

Affiliations

Company Name

IMPORTANT NOTE ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. You must supply a valid Social Security Number, for the Designated Beneficiary, to open an account. In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as:

- a) the Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and
- b) a valid Social Security Number for the new Beneficiary is provided to the Program Manager.

2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

In the event of death of the Account Owner(s), a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

If your contribution is a rollover, please attach a completed rollover form, and consult the Plan Disclosure Statement for details on the implications of such a contribution.

Minimum initial contribution:
\$250 (\$250 minimum per portfolio);
\$50 if you are participating in Auto-Invest.
Maximum balance limit: \$350,000.

Make check payable to:
CollegeAccess 529 Plan.

2. Designated Beneficiary (Future Student)

Check here, if you qualify for 501(c)(3) status. (If so, no beneficiary need be designated at this time.)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YYYY) Social Security Number (required)

Street Address Apt. Number City

State Zip Code

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

3. Successor Owner

Successor Owner (optional)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YYYY) Social Security Number (required)

Street Address Apt. Number City

State Zip Code

If not a U.S. citizen, please indicate your country of citizenship (copy of photo ID required):

4. Your Investment

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

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)
- II. Age-Based 2 (Ages 9-10)
- III. Age-Based 3 (Age 11)
- IV. Age-Based 4 (Age 12)
- V. Age-Based 5 (Age 13)
- VI. Age-Based 6 (Age 14)
- VII. Age-Based 7 (Age 15)
- VIII. Age-Based 8 (Age 16)
- IX. Age-Based 9 (Ages 17 and Over)

I/We understand the portfolio will then be automatically reallocated among the other Portfolios above as the beneficiary ages. (See Plan Disclosure Statement for details.)

\$ _____ or _____ % **Total Amount Invested**

INVESTMENT OPTION 2

Static Investment Portfolios

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

Diversified Bond \$ _____ or _____ %

\$ _____ or _____ % **Total Amount Invested**

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.

\$ _____ or _____ % PIMCO All Asset

\$ _____ or _____ % PIMCO Real Return

\$ _____ or _____ % **Total Amount Invested**

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 Plan Disclosure Statement for details.

6. FundLinksm and Auto-Invest

FundLinksm

FundLink is a service which “links” your CollegeAccess 529 Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

I/We hereby request that my/our CollegeAccess 529 account and my/our bank account (listed in Section 8) be “linked” to allow purchases and/or withdrawals to be debited/credited upon your authorization and/or in accordance with the Auto-Invest instructions above.

Auto-Invest

Authorization to honor checks or ACH debits for automatic investment in your account.

I/We hereby request to automatically invest on or about the _____ day of month, of each

month quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Note: If a frequency option is not selected, the bank draft will be automatically scheduled for monthly processing.

Portfolio Name	Amount
Portfolio Name	Amount
Portfolio Name	Amount

7. Bank Account Information (for FundLink and/or Auto-Invest)

Please “link” my CollegeAccess 529 Plan account to my: Checking Account Savings Account

IMPORTANT: Please tape your pre-printed, original voided check below (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

Account Name (Print title of your account exactly as it appears on your records.)	Account Number
Bank Name and Branch Address	Routing Number

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 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.

You must also complete Section 8 of this application, “Bank Account Information,” to participate in FundLink or Auto-Invest.

You must also complete Section 8 of this application, “Bank Account Information,” to participate in Auto-Invest. \$50 minimum for each Portfolio selected.

IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS

\$50 minimum for each Portfolio selected. Automatic investments are subject to the following conditions:

- 1.) Your bank account will be charged on or about the date of each investment as indicated.
- 2.) 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.
- 3.) 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.

IMPORTANT: Please tape your pre-printed, original voided check here (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

8. 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. I/We understand that you may supply my/our name(s) to issuers of any securities held in my/our account so I/we might receive any important information regarding them, unless I/we notify you in writing not to do so. 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.**

Sign exactly as the account is to be registered.

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

Date

Signature of joint owner

Date

Send this application with **check made payable to CollegeAccess 529 Plan.**

The Program Manager reserves the right to require payment by wire or U.S. Bank Check. The Program Manager generally does not accept payments made by cash, temporary/ starter checks, third party checks, credit cards, traveler's checks, credit card checks, 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.

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.

