

Certification of Beneficial Owners Form

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

Please complete this form only if establishing a 529 plan account on behalf of a legal entity. 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.

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.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

Persons opening an account on behalf of a legal entity must complete sections (a), (b) and (c) below.

a) Legal Entity Information

Provide the following information regarding the legal entity for which the account is being established and the individual opening the account on behalf of the legal entity.

Name of Natural Person Opening Account (First, Middle Initial, Last) Title
Name of Legal Entity for Which the Account is Being Opened Type of Legal Entity (i.e., corporation, LLC, etc.)
Street Address of Legal Entity City State Zip Code

b) Beneficial Owner Information

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

(If no individual meets this definition, please write "Not Applicable.")

Table with 4 columns: Name, Date of Birth, Address (Residential or Business Street Address), Social Security Number (Non-U.S. Persons may provide Passport Number & Country of Issuance, or other similar ID number)

c) Controlling Person

Provide the following information for one individual with significant responsibility for managing the legal entity (i.e., an executive officer, senior manager, or other individual who regularly performs similar functions).

If appropriate, an individual listed under Section (a) above may also be listed in this section.

Table with 4 columns: Name, Date of Birth, Address (Residential or Business Street Address), Social Security Number (Non-U.S. Persons may provide Passport Number & Country of Issuance, or other similar ID number)

I, _____ (name of natural person opening account), hereby certify that the beneficial owner information provided is true and correct and that I am authorized to act on behalf of the legal entity customer for purposes of this account.

Signature

Date

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. For more information, visit our website www.CollegeAccess529.com.

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.