

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 send the completed form to one of the following addresses:

| | |
|---------------------------|-----------------------|
| <i>Regular Mail</i> | <i>Overnight Mail</i> |
| CollegeAccess 529 | CollegeAccess 529 |
| P.O. Box 9898 | 4400 Computer Drive |
| Providence, RI 02940-8098 | Westborough, MA 01581 |

Important Information

This form should be used to **make changes to an existing CollegeAccess 529 Plan account** and must be preceded or accompanied by the current Plan Disclosure Statement. Please read it and the related Participation Agreement carefully before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

1. Current Account Information

| | | |
|--|-----------------------------|--------------------------|
| Account Owner | U.S. Social Security Number | |
| Address | Email Address | |
| City, State, ZIP Code | Existing Account Number(s) | |
| <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. Type of Change

- Account Maintenance Changes, such as address change, account options, etc. – Go to Section 3.
- Banking Information and Options – Go to Section 4.
- Investment Changes – Go to Section 5.
- Change in Ownership – Go to Section 6.

3. Account Maintenance Changes

- Address Change** – If the new mailing address is a post office box, a street address is also required. APO and FPO addresses will be accepted.

| | | | |
|--|-------|---------------------|----------|
| _____ | _____ | _____ | _____ |
| Email Address | | Mobile Phone Number | |
| _____ | _____ | _____ | _____ |
| Street Address | City | State | ZIP Code |
| _____ | _____ | _____ | _____ |
| Mailing Address (if different from above) | City | State | ZIP Code |
| _____ | _____ | _____ | _____ |
| Joint Tenant Street Address, if applicable (if different from street address above) | City | State | ZIP Code |

3. Account Maintenance Changes, continued

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. 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.

Successor Owner

Please complete this section if you wish to add a successor owner or change an existing successor owner. In the event the Account Owner(s) dies, a Successor Owner will become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate. By completing this section, all prior successor owner designations, if any, are revoked.

Name (First, Middle, Last)

U.S. Tax I.D. Number

Date of Birth

Country of Citizenship (If not a U.S. citizen, a copy of a photo ID is required.):

Street Address

City

State

Zip Code

4. Banking Information & Options

Bank Account Information

A signature guarantee may be required. For the Auto-Invest or telephone purchase option, a signature guarantee is not required. However, to add banking information to the account for the telephone redemption option, a signature guarantee is required.

Select only one:

- Add bank account information to my account.
- Change existing bank account information.
- Carry over existing Auto-Invest option to a new bank account.

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 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

Continued on next page.

4. Banking Information & Options, continued

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 voided check here

53289

John Doe
Jane Doe
123 Main St.
Anytown, USA 12345

Pay to the order of _____ \$ _____
_____ DOLLARS

Memo _____ Signed _____

⋮ 2345678 ⋮ ⋮ 23456785678 ⋮

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

- Auto-Invest** - Provides authorization to honor ACH debits for automatic investment into your account. Please note that there is a \$50 minimum for each Portfolio selected.

Select only one:

- Add this option to my account.
- Change my investment amount and/or debit (withdrawal) date on my current Auto-Invest.
- Stop the Auto-Invest option on my account.

For adding or changing the Auto-Invest option, 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 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 _____

- Withdrawals to a Bank Account (Signature Guarantee Required)** – By adding bank information to your account, you may withdraw up to \$50,000 to your designated bank account according to the terms of the Plan Disclosure Statement and Participation Agreement. Calls/trades received before the market close (generally 4:00 PM Eastern Time for the NYSE) will receive that day's closing price. Calls/trades received after the market close will receive the next day's closing price.

Provisions: Request received by telephone to withdraw units may be sent to the bank account designated on our records. Redemptions made with this option may be made via ACH or federal fund wire. Redemption payments made via ACH will be made within one to three business days and redemption payments through federal fund wire will typically be made the next business day and may be subject to a fee at your chosen bank. If there are insufficient funds in an account to meet a redemption order, the transaction will not be processed. Units must have been owned for at least 10 calendar days before they can be withdrawn.

5. Investment Options

Please complete this section if you are changing the investment option(s). 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. You must allocate a minimum of \$50 per portfolio / month for Auto-Invest accounts or company-sponsored plans.

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 _____ %

6. Change of Ownership

Please complete this section if you wish to change the ownership of the account. Please note, that a completed CollegeAccess 529 Account Application For South Dakota Investors Not Using a Financial Professional (Class SD-D Only) must accompany this form, which can be obtained by contacting CollegeAccess 529 Plan Investor Services at 866-529-7462, or by visiting our website at CollegeAccess529.com. The new account will reflect the information provided on the New Account Application. *Please note that a Medallion Guarantee is required to change ownership.*

Please check the appropriate reason below:

Change of Ownership – Authorized by the current Account Owner

- Change of Ownership – Units will be transferred to a new account owner.
- Adding an additional Owner

Change of Ownership – Current Account Owner is Deceased

Current Account Owner's Name: _____ Account Owner's Date of Death: _____

- Successor Owner listed on the account. In order to complete the change in ownership, please submit the following:
 - This form must be completed and signed in capacity by the listed Successor Owner. The signature and capacity must be guaranteed.
 - A completed New Account Application
- Successor Owner NOT listed on the account. In order to complete the change in ownership, please submit the following:
 - This form must be completed and signed in capacity by Administrator(s) or Executor(s) of the current Account Owner's estate. The signature(s) and capacity(ies) must be guaranteed.
 - A completed New Account Application

If your reason for change of ownership is not listed above, please contact Investor Services to obtain the necessary requirements.

7. Signature and Agreement of Account Owner(s)

All Account Owner(s) or authorized signers of the existing account must sign this form. The form must be signed in capacity if the signer is not listed in the registration of the account (example: executor/personal representative/administrator of an estate, successor owner, attorney-in-fact, etc.). Please see below for the scenarios in which a signature guarantee will be required.

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my CollegeAccess 529 Plan Account, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement, and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all investment risk of an investment in the Program, including the potential loss of principal. I acknowledge that by signing below, I may be releasing any current ownership privileges and am authorized to request such changes. **I 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 do not contact VP Distributors, LLC.**

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.

| | | |
|------------|--------------------|-------|
| _____ | _____ | _____ |
| Print Name | Signature/Capacity | Date |
| _____ | _____ | _____ |
| Print Name | Signature/Capacity | Date |

8. Signature Guarantee

A **Medallion Guarantee** is required for change in ownership. An **SVP (Signature Validation Program) Stamp*** is required if the option of having withdrawals sent to a bank account not currently on file is requested.

Please contact your financial institution in advance to determine their supporting documentation requirements, if any.

A Medallion Guarantee Stamp may be obtained from an eligible guarantor. Eligible guarantors include Commercial Banks, Trust Companies, Savings Associations and Credit Unions, as defined by the Federal Deposit Insurance Act and registered Broker/Dealers.

An SVP (Signature Validation Program) Stamp may be obtained from eligible members of the Medallion Guarantee Program, including banks, Broker/Dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations.

*In the event your bank or financial institution does not participate in the SVP Stamp program, we will accept a Medallion Guarantee.

Notarization from a Notary Public is not acceptable.

Place Stamp Here