CollegeInvest Direct Portfolio College Savings Plan

Automatic Investment Plan/ Electronic Bank Transfer Form



- You can start, change, or stop your automatic investment plan (AIP) by accessing your accounts online at www.collegeinvest.org.
- Complete this form to start, change, or stop automatic investments from your personal bank account, or to add or change bank account information for automatic or periodic contributions by electronic bank transfer. Submit a separate form for each account you own.
- To add or change instructions for automatic investments by payroll deduction, use the Payroll Direct Deposit Form.
- Print clearly, preferably in capital letters and black ink.

Important: Allow three business days from the date we receive this form to establish or change your options. Changes to, or the stopping of, an AIP must occur at least five business days before an AIP debit is scheduled to be deducted from your bank account.

You can download forms from our website at www.collegeinvest.org. Or you can call us to order any form at 800-997-4295 Monday through Friday from 6 a.m. to 7 p.m., Mountain time. Return this form in the enclosed postage-paid envelope or mail to: CollegeInvest Direct Portfolio College Savings Plan, P.O. Box 219931, Kansas City, MO 64121-9931. For overnight delivery or registered mail, send to: CollegeInvest Direct Portfolio College Savings Plan, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131.

1. Account Information

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Account Number
Name of Account Owner (first, middle initial, last)
Daytime Telephone Number Evening Telephone Number
Name of Beneficiary (first, middle initial, last)
Options (Complete A, B, or both.)
Contributions by AIP or electronic bank transfer (EBT) won't be available for withdrawal for seven business days.
A. AIP. Have a set amount automatically transferred from your bank account to your Direct Portfolio account on a regular schedule.
Add this option to my account. (Provide your debit information on the next page and your bank information in Section 3 .)
Change my investment amount, debit date, or both. (Provide the new information on the next page.)
Change my bank account information. (Provide the new information in Section 3 .)
Discontinue AIP investments. (Skip to Section 4.)
Amount of Debit (\$25 minimum): \$
Frequency (Check one.): Quarterly
REMEMBER TO SIGN IN SECTION 4 .
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Start Date:	/_ Date <i>(month, d</i>	'ay, year)		you inve <i>prev</i>	bank account will be debited (money will be withdrawn) on the 20th of any month, unless bick a different day. Your bank account will be debited on the date you select, and your stment will be credited (money will be added) to your Direct Portfolio account on the <i>ious business day</i> . Note: AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will redited in the same year as the debit date.
Your	contribution wi		ach year aco	cording	lso sign up to increase your AIP contribution automatically on an annual basis. to the information you provide below. Note: A plan of regular investment canno narket.
Amou	nt of Increase:	\$		0 0	
Month	:				This is the month in which your AIP contribution will be increased. The first increase will occur at the next occurrence of the month you selected.
*Annua	al AIP increases a	re subject to gene	ral contributio	n limits c	f the Plan and will also count toward annual federal gift-tax exclusion limits.
	,				o or more from your bank account to your Direct Portfolio account by phone <i>provide your bank information in Section 3.</i> /
Add	Change	Delet	te <i>(Skip to</i> S	Section	4 .)
Bank Inform	nation				
 Complete this 	s section only i	if you are addin	ia the ΔIP or	FRT on	tion to your account or are changing your bank account information.
 Important: that is a mer 	The AIP and EE nber of the Aut	BT options can b	be establishe ng House (A(ed only	on accounts held by a U.S. bank, savings and loan association, or credit union vork. Money market mutual funds and cash management accounts offered
branch or c					s won't involve a bank or other financial services company, including any the United States. If you're unable to confirm this, your AIP or EBT request
Bank Name					
					Account Type:
Bank Routing Numl	ber		Bank Acc	ount Nur	· · · · · · · · · · · · · · · · · · ·
Note: The routin	ng number is us	sually located in	n the bottom	n left co	mer of your checks. You can also ask your bank for the routing number.
Signatura					
Signature—					
all my previo	us designation	s.			ete in all respects. I understand that all changes made on this form supersede
telephone or initiating creation account with	online request dit or debit entr out responsibil v. I further agre	t, to pay amoun ries to my acco lity for their corr ee that the Plan	ts representi unt at the ba rectness. I ac , Ascensus (ing rede ank nam cknowle College	the Plan and Ascensus College Savings Recordkeeping Services, LLC, upon emptions made by me, or to secure payment of amounts invested by me, by the din Section 3 . I authorize the bank to accept any such credits or debits to my edge that the origination of ACH transactions involving my account must comply Savings Recordkeeping Services, LLC, and their respective affiliates will not incu

Signature of Account Owner (If the account owner is a minor, the designated parent or guardian must sign.)

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it. I certify that I have authority to transact on the bank account identified by me.

Date (month, day, year)