DO NOT STAPLE

iShares 529 Plan

Account Application
for Clients of Registered Investment Advisors

iShares 529 Plan®

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 to 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 other identifying documents. We may use third parties to obtain and verify this information. We may not be able to establish an account or we may close your existing account and/or redeem your shares involuntarily, if you do not provide sufficient information within the relevant time periods.

- In order to participate in the iShares 529 Plan, you must enroll through a financial advisor. Clients of Registered Investment Advisors ("RIA") should use this application to establish an account in the iShares 529 Plan. If you are a client of a Broker Dealer Representative, there is a different application to use.
- Your initial lump sum contribution to open an iShares 529 Plan account must be at least $500.00.
- You can contribute as little as $50 per month (or $150 per quarter) through recurring contributions (Formerly known as Automatic Investment Plan (AIP)).
- If your employer offers it, you may also contribute through payroll direct deposit ($25 minimum per pay period).
- Print clearly, preferably in capital letters and black ink.
- **Section 5** must be completed by your Registered Investment Advisor in order for this application to be processed.

Forms can be downloaded from our website at **www.iShares529.com**, or you can call us to order any form — or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET..

Mail this form and any other required documents to:
iShares 529 Plan
P.O. Box 219700
Kansas City, MO 64121-9700

For overnight delivery or registered mail, send to:
iShares 529 Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account type

☐ **Individual 529 Account.** I am opening a new iShares 529 Plan account. *(Check this box if you are opening an account with check/EBT/recurring contributions, or as a rollover from a Coverdell, U.S. Savings Bond, or another 529 plan account.)*

☐ **Transfer from UGMA/UTMA.** I am liquidating assets from a Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) custodial account to open an iShares 529 Plan account.

☐☐ Indicate the U.S. state (by using its abbreviation) in which the UGMA/UTMA custodial account was opened.

☐ **Trust Account.** I am opening an iShares 529 Plan account as a trust. (You must include copies of the first and last pages of the trust — sometimes called the "execution pages" — containing the name of the trust, the date of the trust, and the signatures of the trustees.)

☐ **Other Entities.** I am opening an iShares 529 Plan account as a Non-Profit, Scholarship, or State/Local Government agency. (You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity Account Owner, and the authorization of the establishment of the Authorized Signer.)

* I S H A R E S   B R K R   D L R   E N R O L L M E N T *

2. Account Owner information *(The account owner is the person who owns and controls the account. This person must be at least 18 years old.)*

Legal Name *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date/Trust Date *(mm/dd/yyyy)* ***(Required)***

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Daytime Telephone Number

Evening Telephone Number

Email Address

Permanent Street Address *(A P.O. box or rural route number is **not** acceptable.)*

City

State

Zip Code

Account Mailing Address if Different From Above *(This address will be used as the account's address of record and for all account mailings.)*

City

State

Zip Code

3. Designated Beneficiary Information *(The designated beneficiary is the future student.)*

Name *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date/Trust Date *(mm/dd/yyyy)* ***(Required)***

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

4. Successor Account Owner information *(optional)*

- The successor account owner will take over control of the account in the event of the account owner's death or incapacity.
- You may revoke or change the successor account owner at any time. See the Program Description for more information.
- The person you designate as successor account owner must be at least 18 years old, and must be a U.S. citizen or resident alien.

Name of Successor Account Owner *(first, middle initial, last)* ***(Required)***

Birth Date/Trust Date *(mm/dd/yyyy)* ***(Required)***

DO NOT STAPLE

5. Registered Investment Advisor Information *(This section must be completed by your Registered Investment Advisor in order for the application to be processed.)*

First-time Plan Advisors: To confirm account opening as well as set up online advisor access to this account, please call 888-529-9552 and select option 3, to be connected to the iShares 529 Plan Client Services desk.

Firm Name

Financial Advisor Name *(first, last)*

Branch Number *(if applicable)*

Advisor ID Number/IRD Number

BIN# *(if applicable)*

Matrix Level

Mailing Address

City

State

Zip Code

Daytime Telephone Number

SIGNATURE

Authorized Signature

Date *(mm/dd/yyyy)*

6. Investment Selection *(Required)*

- Before choosing your investment and share class, refer to the iShares 529 Plan Program Description, (also available at **www.iShares529.com**) for complete information about the investments offered.
- You must allocate at least 1% of your contribution to each investment that you choose. Use whole percentages only.
- Your investment percentages must total 100%.

iShares Year-of-Enrollment Portfolios:	**Share Class F Percentage**
iShares College Portfolio	%
iShares 2024 College Portfolio	%
iShares 2027 College Portfolio	%
iShares 2030 College Portfolio	%
iShares 2033 College Portfolio	%
iShares 2036 College Portfolio	%
iShares 2039 College Portfolio	%
iShares Asset Allocation Portfolios:	
iShares Aggressive Portfolio	%
iShares Moderate Portfolio	%
iShares Conservative Portfolio	%
iShares Fixed Income Portfolio	%
Custom iShares Portfolios:	
iShares Russell 1000 Portfolio	%
iShares Russell 2000 Portfolio	%
iShares Core S&P Total U.S. Stock Market Portfolio	%
iShares Core High Dividend Portfolio	%
iShares Core U.S. REIT Portfolio	%
iShares Core MSCI EAFE Portfolio	%
iShares Core MSCI Emerging Markets Portfolio	%
iShares Edge MSCI Min Vol EAFE Portfolio	%
iShares Edge MSCI Min Vol Emerging Markets Portfolio	%
iShares Core MSCI Total International Stock Portfolio	%
iShares Core U.S. Aggregate Bond	%
iShares TIPS Bond Portfolio	%
iShares 20+ Year Treasury Bond Portfolio	%
iShares Short Treasury Bond Portfolio	%
iShares 1-5 Year Investment Grade Corp Bond Portfolio	%
iShares iBoxx $ Investment Grade Corporate Bond Portfolio	%
iShares iBoxx $ High Yield Corporate Bond Portfolio	%
Savings Portfolio	
Savings Portfolio	%
TOTAL	1 0 0 %

7. Contribution Method

- Your initial lump sum contribution to open an iShares 529 Plan account must be at least $500.00.
- You can contribute as little as $50 per month (or $150 per quarter) through recurring contributions.
- If your employer offers it, you may also contribute through payroll direct deposit ($25 minimum per pay period).
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate boxes for each source and fill out each contribution amount. For the portion of combined contributions that are not made through a direct or indirect rollover (see below), check either the "Check," "Electronic Bank Transfer," or "recurring contributions" box and indicate the amount of the non-rollover portion of the contribution.

Source of funds *(Check all that apply.)*

A. ☐ **Check.** ***Important:*** All checks must be payable to **iShares 529 Plan.**

$ ☐☐☐,☐☐☐.☐☐
Amount

B. ☐ **Electronic Bank Transfer (EBT).** You can make a contribution whenever you want by transferring money from your bank account. To set this up, you must provide banking information in **Section 9.**

$ ☐☐☐,☐☐☐.☐☐ This amount will be a one-time EBT contribution to open your account.
Amount

C. ☐ **Recurring contributions.** You can have a set amount automatically transferred from your bank account on the frequency you specify. To set this up, you must complete **Section 9.**

$ ☐☐☐,☐☐☐.0 0
Amount

D. ☐ **Direct rollover from another 529 plan or Education Savings Account (ESA) to the iShares 529 Plan.** By law, rollovers between 529 plans with the same designated beneficiary are permitted only once every 12 months. *Complete and attach an* ***Incoming Rollover Form****, which can be found online at* ***www.iShares529.com*** *or by calling* ***1.888.529.9552.***

$ ☐☐☐,☐☐☐.☐☐
Amount *(estimated)*

E. ☐ **Indirect rollover from an ESA, qualified U.S. savings bond, or another qualified 529 plan.** You can transfer money from one of these options to your bank account and, from there, to the iShares 529 Plan. Such indirect rollovers require certain documentation described below. ***Note:*** If you do not provide this documentation, the entire amount will be considered earnings and may be taxable.

- Indirect rollover from another qualified 529 plan or an ESA — Enclose documentation from the distributing financial institution showing contributions and earnings.
- Indirect rollover from qualified U.S. savings bonds — Attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid as of the redemption date.

$ ☐☐☐,☐☐☐.☐☐
Contributions

$ ☐☐☐,☐☐☐.☐☐
Earnings

8. Subsequent Contributions *(optional)*

You may make future contributions by check or electronically — through recurring contributions or by electronic bank transfer. ***Important:*** The recurring contributions and electronic bank transfer options can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered by nonbank financial companies are not members of the ACH network.

☐ **Recurring contributions.** Through recurring contributions, money will be transferred electronically at regular intervals from a bank, savings and loan, or credit union account to your iShares 529 Plan account. You may change the investment amount and frequency at any time by logging on to **www.iShares529.com** or by calling **1.888.529.9552.**

Important: To set up this option, you must provide banking information in **Section 9.**

Amount of Debit: $ ☐,☐☐☐.0 0

Frequency: *(Check one.)* ☐ Monthly *($50 minimum)* ☐ Quarterly *($150 minimum)*

Start Date: ☐☐ – ☐☐ – ☐☐☐☐

Date (mm/dd/yyyy)

Your bank account will be debited on the 20th of any month, unless you pick a different date. Your bank account will be debited on the date you select and your investment will be credited to your account on the previous business day.

☐ **Annual Increase.** You may increase your Automatic Investment Plan contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: $ ☐,☐☐☐.0 0 **Month**:** ☐☐☐☐☐☐☐☐☐

** The month in which your Automatic Investment Plan contribution will be increased. The first increase will occur at the first instance of your selected date of the month.

Note: Recurring contributions with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

☐ **Payroll Direct Deposit.** If you want to make contributions to your iShares 529 Plan account directly as a payroll deduction, you must contact your employer's payroll office to verify that you can participate in payroll direct deposit. Payroll deduction contributions will not be made to your account until you have received a payroll deduction confirmation from the iShares 529 Plan, provided your signature and Social Security number on the confirmation, and submitted the confirmation to your payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established for other iShares 529 Plan accounts.

$ ☐,☐☐☐.☐☐

Amount of deduction each pay period *($25 minimum)*

9. Bank Information *(Required to establish recurring contributions or EBT service.)*

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Bank Name ________________________

Bank Telephone Number ☐☐☐ – ☐☐☐ – ☐☐☐☐

Bank Routing Number ☐☐☐☐☐☐☐☐☐

Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: *(Check One.)* ☐ Checking ☐ Savings

10. Dollar Cost Averaging Program *(optional)*

- Complete this section if you want to regularly transfer a fixed-dollar amount from one designated investment option selected above in **Section 6** to one or more other investment options on regular basis.
- By selecting this feature, you authorize the iShares 529 Plan to exchange money automatically from one designated investment option in the iShares 529 Plan (Source Investment Option) to one or more other investment options in the iShares 529 Plan either monthly or quarterly. The minimum exchange amount is $200. The minimum balance in the Source Investment Option portfolio must be $2,400 in order to implement this program..

Note: If the Dollar Cost Averaging Program is established at the time the new Account is opened it will not count towards your two allowable investment exchanges per calendar year. However, if you make any changes to your Dollar Cost Averaging Program selections, or terminate your Dollar Cost Averaging Program, that will count towards your two allowable investment exchanges per calendar year. Establishing a Dollar Cost Averaging Program when you make a new investment to an existing investment option that has already been established for your Account or implementing a Dollar Cost Averaging Program to existing Account assets will count towards your two allowable investment exchanges per calendar year.

Frequency: *(Check one.)* ☐ **Monthly** ☐ **Quarterly***

* Based upon established date, not a calendar quarter.

Start Date:** ☐☐ – ☐☐ – ☐☐☐☐ *Date (mm/dd/yyyy)*

End Date:** ☐☐ – ☐☐ – ☐☐☐☐ *Date (mm/dd/yyyy)*

Day of Allocation Exchange: ☐☐ *(dd)*

Stop Type:
(Check one)

☐ Complete Portfolio Balance

☐ Specify Total Exchange Amount *(If less than complete Portfolio balance)* $ ☐☐☐,☐☐☐.☐☐ *($2,400 minimum)*

☐ Stop Date ☐☐ – ☐☐ – ☐☐☐☐ Date *(mm/dd/yyyy)*

** The iShares 529 Plan must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the start date is not specified,the Dollar Cost Averaging Program will begin the month following the receipt of this request, on the 10th day of the month, and continue until the specified end date, until otherwise instructed, or until funds in the Source Investment Option Portfolio are depleted.

I authorize the iShares 529 Plan to exchange from the following Source Investment Option:

Source Investment Option ________________ $ ☐,☐☐☐.0 0 Amount *(minimum $2,400)****

To the following Investment Option(s)

Investment Option ________________ $ ☐,☐☐☐.0 0 Amount***

Investment Option ________________ $ ☐,☐☐☐.0 0 Amount***

Investment Option ________________ $ ☐,☐☐☐.0 0 Amount***

Investment Option ________________ $ ☐,☐☐☐.0 0 Amount***

*** Please specify only dollar amounts, not percentages

11. Authorization — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in the iShares 529 Plan. I certify that:

- I have received the iShares 529 Plan Program Description and Participation Agreement, which contains the Privacy Statement of Ascensus Broker Dealer Services, LLC. I understand that the iShares 529 Plan may from time to time amend the Program Description and Participation Agreement, and I agree I will be subject to the terms of those amendments by signing this New Account Application for clients of Registered Investment Advisors. I understand that the Account Application shall be construed, governed, and interpreted in accordance with the laws of the State of Arkansas.
- Except as set forth below, I understand that the Program Description, Participant Agreement and any supplement to the Program Description constitute the entire agreement between the account owner and the iShares 529 Plan. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my account or changing my designated beneficiary to an ineligible person. (Account owners should seek advice from a qualified tax advisor).
- I understand that my Account in the iShares 529 Plan is not insured by the State of Arkansas or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Arkansas, the Committee or any other governmental entity, the Trust, the Program Manager, BlackRock Fund Advisors, Sallie Mae Bank, or any of their affiliates *(each, as defined in the Program Description and Participation Agreement)*. Notwithstanding the foregoing, the Savings Portfolio is the only investment option in the iShares 529 Plan that is insured by the Federal Deposit Insurance Corporation up to $250,000, the maximum amount set by federal law. I understand that there is no assurance that my Account under iShares 529 Plan will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value *(except for the Savings Portfolio as described in the Program Description and Participation Agreement).*
- If I have chosen recurring contributions or EBT option, I authorize the iShares 529 Plan and Ascensus Broker Dealer Services, LLC, upon telephone or online request, to pay amounts representing redemptions made by me or, to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 9.** I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I further agree that the Plan Officials *(as described in the Program Description and Participation Agreement)* will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the iShares 529 Plan, and the bank by telephone or in writing, and that the termination request will be effective as soon as the iShares 529 Plan, and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 9.**
- If I have chosen the Dollar Cost Averaging Program, I authorize the regular exchange of assets in my account as directed above from the Source Investment Option identified above to the investments option(s) selected above in the Dollar Cost Averaging Program.
- I understand by signing this New Account Application for clients of Registered Investment Advisors, I am authorizing Ascensus Broker Dealer Services, LLC or its affiliate to provide my financial advisor with access to my account and to perform transactions on my behalf. I agree to hold harmless the iShares 529 Plan, the State of Arkansas, Ascensus Broker Dealer Services, LLC, BlackRock Inc., Sallie Mae Bank and their respective agents, employees and affiliates from any losses I incur as a result of the acts or omissions of my Broker Dealer Representative.
- **I agree to the terms of the predispute arbitration clause as described in the Arbitration section of the Participation Agreement included in the Program Description.**
- I certify that the information provided on this form is true and accurate in all material respects, that Ascensus Broker Dealer Services, LLC, BlackRock, Inc. and their respective affiliates are entitled to rely on the information provided herein and the instructions provided on this form, and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the iShares 529 Plan.

SIGNATURE ______________________

Signature of Account Owner/Custodian/Guardian/Trustee

__ __ – __ __ – __ __ __ __

Date *(mm/dd/yyyy)*