Account Features Form

ALASKA529

- **For faster processing, you can complete most requests online at Alaska529plan.com.**
- Use this form to add, change, or delete Recurring Contributions, systematic withdrawals, automatic dollar-cost averaging, or bank information to your Account.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.

Capitalized terms not otherwise defined on this form have the meanings set forth in the Plan Disclosure Document.

1-888-425-2752
Monday - Friday 7 a.m. to 6 p.m.
Alaska Time

Alaska529plan.com

Regular mailing address:
Alaska 529
PO Box 219865
Kansas City, MO 64121

Overnight mailing address:
Alaska 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner Information

Account Number(s) *(To list more than six Accounts, use a separate sheet.)*

Account Owner *(First name)* *(M.I.)*

Account Owner *(Last name)*

Telephone Number

2. Recurring Contribution

- Complete this section to add, change, or delete a Recurring Contribution from your bank account. **For faster processing, this request can also be completed online or over the phone.**

☐ Add a Recurring Contribution. *(Provide the Recurring Contribution information below and the bank information in **Section 3**.)*

☐ Change the investment amount, frequency, and/or contribution date on my existing Recurring Contribution.
(Provide the new amount and/or contribution date below.)
Note: If you wish to skip a scheduled Recurring Contribution, please call **1-888-425-2752**.

☐ Change the bank account information currently being used for my existing Recurring Contribution.
*(Provide the information in **Section 3**.)*

☐ Delete this option.

- Recurring Contributions will be unavailable for withdrawal for 5 business days.

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- Your contribution will be allocated according to the Standing Allocation(s) on your Account.

Amount of Contribution: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $250 ☐ Other $ ☐,☐☐☐.00

Frequency *(Select one.)*: ☐ **Monthly** ☐ **Quarterly** *(Every three months.)*

Start Date:* ☐☐ — ☐☐ — ☐☐☐☐
Date *(mm-dd-yyyy)*

* The Plan must receive instructions at least 3 business days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. If the date is not specified, this option will default to the 20th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the contribution will occur on the next available business day. Please review your quarterly statements for details of these transactions.

☐ **Annual Increase.** You may increase your Recurring 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: $ ☐,☐☐☐.00

Month:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

**This is the month in which your Recurring Contribution will be increased annually. The first increase will occur at the first instance of the month selected, even if less than a year has elapsed since this election was first made. Annual Recurring Contribution increases are subject to the general contribution limits of Alaska 529 and are also subject to annual federal gift tax exclusion limits.

3. Bank Information

- Complete this section to add, change, or remove your bank account information. **Unless you are adding a bank account that is owned by a third party, this request can be completed online.**

☐ Add bank information

☐ Replace current bank information

☐ Remove bank information

- This bank account information will be available across all Accounts with the same Account Owner.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations. Contributions can be made only through 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 through non-bank financial companies cannot be used.

Bank Name

Bank Routing Number ☐☐☐☐☐☐☐☐☐ Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐ Account Type *(Check One.)* ☐ Checking ☐ Savings

Note: All bank account owners must sign below. If the Account Owner or Custodian is not an owner of the bank account, a Medallion signature guarantee is required in **Section 7** for the third party bank account owner.

Name(s) on Bank Account

Bank Account Owner *(First name)* *(M.I.)*

Bank Account Owner *(Last name)*

SIGNATURE
Signature of Bank Account Owner

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm-dd-yyyy)*

Joint Bank Account Owner *(First name)* *(M.I.)*

Joint Bank Account Owner *(Last name)*

SIGNATURE
Signature of Joint Bank Account Owner

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm-dd-yyyy)*

4. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Option *("Source Option")* to one or more other Investment Options *("Target Option")* within your Account on a pre-scheduled basis. **For faster processing, this request can also be completed online or over the phone.**

- To start automatic dollar-cost averaging, the Source Option must have a minimum of $500 in assets.
- Creating an automatic dollar-cost averaging program at the time of enrollment will NOT count towards your twice per calendar year Investment Option change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan. Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- If you make any changes to or cancel an established automatic dollar-cost averaging program it will count towards your twice per calendar year Investment Option change limit.

Amount: $ ☐☐,☐☐☐.00 *(minimum $50)*
Amount

Frequency *(Select one.)*: ☐ **Monthly** ☐ **Quarterly** *(Based on established date, not calendar quarter.)*

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

* The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date is not specified, this option will default to the 15th day of the month. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

Stop Type *(Select one.)*:

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

☐ **When total amount of reallocation equals:** $ ☐☐☐,☐☐☐.00

☐ **When complete balance of the Source Option is depleted.**

Source Option: _____

Target Option:

_____ $ ☐☐,☐☐☐.00
Investment Option Dollar Amount

_____ $ ☐☐,☐☐☐.00
Investment Option Dollar Amount

_____ $ ☐☐,☐☐☐.00
Investment Option Dollar Amount

5. Systematic Withdrawal Program (SWP) *(Optional)*

Complete this section to establish periodic withdrawals from your Account. **For faster processing, this request can also be completed online or over the phone.**

- We are required to file IRS Form 1099-Q annually for withdrawals taken from your Account.
- You can establish up to two SWPs on your Account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.
- Your withdrawal will be held if it includes any amount that was recently contributed or is being sent to an address that was recently changed. The withdrawal will be released when the specified waiting period has been satisfied.

Frequency *(Select One.)*: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

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

End Date *(Optional)*: ☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

*The Plan must receive instructions at least 3 business days prior to the indicated start date. If the date selected falls on a day when the New York Stock Exchange is scheduled to be closed for trading (for example, weekends and certain U.S. national holidays), the transaction will occur on the next available business day. Please review your quarterly statements for details of these transactions.

I authorize Alaska 529 to withdraw from the following Investment Option(s)

Investment Option — $ ☐,☐☐☐.00 Dollar Amount

Investment Option — $ ☐,☐☐☐.00 Dollar Amount

Investment Option — $ ☐,☐☐☐.00 Dollar Amount

Recipient:

☐ Account Owner *(check to address on record)*

☐ Account Owner *(ACH to bank account)* Please confirm last four digits ☐☐☐☐
Last four digits of Bank Account Number

☐ Beneficiary *(check to address on record)*

☐ Beneficiary *(ACH to bank account)* Please confirm last four digits ☐☐☐☐
Last four digits of Bank Account Number

☐ Eligible college or university *(check to school address provided below)*

Eligible Educational Institution Name *(School)*

Department/Office/Contact Name *(if applicable)*

Mailing Address

City — State — Zip Code ☐☐☐☐☐ — ☐☐☐☐

Beneficiary's Student ID *(Required)*

6. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the Alaska 529 Plan Disclosure Document as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize Alaska 529 or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is accurate and complete. I understand that all changes made on this form supersede all my previous designations.
- I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize withdrawals from my Accounts via telephone or through **Alaska529plan.com** provided my banking information has been on file for a minimum of 15 calendar days. I understand that I should not provide my banking information if I do not wish to activate these capabilities. If I wish to remove these capabilities from my account(s), I understand that I must delete my banking information.
- If I have chosen the Recurring Contribution option, I authorize Alaska 529 and its designees, 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 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of Alaska 529, the State of Alaska, the Trust, the Trustee, Alaska 529, Ascensus College Savings Recordkeeping Services, LLC and its affiliates will 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 Alaska 529 and the bank by telephone or in writing, and that the termination request will be effective as soon as Alaska 529 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 3**.

SIGNATURE

Signature of Account Owner

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm-dd-yyyy)*

7. Medallion Signature Guarantee — IF APPLICABLE

By signing below, I authorize the Plan and its service providers, upon instruction of the Account Owner or Custodian listed in on this form, to initiate credit or debit entries to the designated account at the bank indicated on this form (Bank) now and in the future. I authorize the Bank to accept any such credits or debits to my account without responsibility to their correctness. I further agree that none of the Plan, its service providers and their affiliates will incur any loss, liability, cost, or expense for acting upon the Account Owner's request. I understand that this authorization may be revoked by me at any time by notifying the Plan in writing, and that the termination request will be effective after the 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 on this form.

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion signature guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion signature guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion signature guarantee.**

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Alaska 529 Plan Disclosure Document.

SIGNATURE

Signature of third party bank account owner *(In the presence of the authorized officer.)*

SIGNATURE

Signature of Guarantor

Title

Name of Institution

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here