

GIFT College Investing Plan Enrollment Form



IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- Your initial lump sum contribution to open a GIFT Plan account must be at least \$25.
- You can contribute as little as \$10 per month (*or \$30 per quarter*) through an Automatic Investment Plan.
- If your employer offers it, you may also contribute through payroll direct deposit (*\$5 minimum per pay period*).
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at www.thegiftplan.com, or you can call us to order any form — or request assistance in completing this form at **1.800.587.7301** any business day from 9 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

GIFT College Investing Plan
P.O. Box 219376
Kansas City, MO 64121-9376

For overnight delivery or registered mail, send to:

GIFT College Investing Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account type

- Select one of the account types below.
- If you do not select an account type, we will open an individual account for you.

Individual 529 Account. I am opening a new 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 a GIFT Plan account.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.

Trust Account. I am opening a GIFT 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 a GIFT 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.*)



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

Legal Name (first, middle initial, last)

Legal Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

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

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

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

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

Daytime Telephone Number

Daytime Telephone Number

Evening Telephone Number

Evening Telephone Number

Email Address

Email Address

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

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

City

City

State

State

Zip

Zip

Account Mailing Address if different from above (This address will be used as the account's address of record and for all account mailings.)

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

City

State

State

Zip

Zip

3. Designated Beneficiary information *(The Designated Beneficiary is the future student.)*

Name (first, middle initial, last)

Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

Social Security Number or Taxpayer Identification Number (Required)

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

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

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

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

Check if the Designated Beneficiary is same as Account Owner, otherwise complete the following.

Beneficiary Mailing Address

Beneficiary Mailing Address

City

City

State

State

Zip

Zip

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.
- You may revoke or change the Successor Account Owner at any time. See the GIFT Plan 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.**

Legal Name (first, middle initial, last)

Legal Name (first, middle initial, last)

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

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

5. Investment option selection

- Before choosing your investment, see the enclosed GIFT Plan Program Description *(also available at www.thegiftplan.com)* for complete information about the investments offered.
- You must allocate at least **5%** of your contribution to each investment that you choose. Use whole percentages only. Choose up to **5** of the **10** investment options.
- Your investment percentages must total **100%**.

Age-Based Options:

The asset allocation of money invested in the Age-Based Options is automatically adjusted over time to become more conservative as the Beneficiary approaches college age.

Aggressive Age-Based Option %

Moderate Age-Based Option %

Conservative Age-Based Option %

Custom Portfolio Options:

Aggressive Growth Portfolio %

Growth Portfolio %

Moderate Growth Portfolio %

Conservative Growth Portfolio %

Income Portfolio %

Interest Accumulation Portfolio %

GIFT Plan Savings Portfolio Option:

GIFT Plan Savings Portfolio %
(FDIC-Insured)

TOTAL **1 0 0** %

6. Initial contribution

- Your minimum initial contribution must be at least \$25.
- Your minimum initial contribution can come from several combined sources. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for ten calendar days.

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

A. **Personal check. Important:** All checks must be payable to **GIFT College Investing Plan**.

\$, .

Amount

B. **Electronic Funds Transfer (EFT).** 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 8**.

\$, .

Amount *(This amount will be a one-time EFT contribution to open your account.)*

C. **Automatic Investment Plan (AIP).** 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 7** and **Section 8**.

\$, .

Amount

D. **Direct rollover from another 529 plan or Education Savings Account (ESA) to the GIFT Plan.** By law, rollovers between 529 plans with the same beneficiary are permitted only once every 12 months. Complete and attach an **Incoming Rollover Form**. You can get this form online at www.thegiftplan.com or by calling **1.800.587.7301**.

\$, .

Amount *(estimated)*

E. **Indirect rollover from an Educational Savings Account (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 GIFT Plan.

Important: Indirect rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified distribution from your GIFT Plan account.

- **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

F. **Payroll deduction.** If you want to make contributions to your GIFT 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 GIFT Plan, provided your signature and Social Security number or Taxpayer Identification 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 on other GIFT Plan accounts.

\$, .

Amount of deduction each pay period *(\$5 minimum)*

7. Subsequent contributions *(Optional)*

You may make future contributions by check or electronically—through AIP or by EFT.

Important: The AIP and EFT 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.

- A. **AIP.** Through AIP, money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your GIFT Plan account. You may change the investment amount and frequency at any time by logging onto your account at **www.thegiftplan.com** or by calling **1.800.587.7301**.

Important: To set up this option, you must provide banking information in **Section 8**.

Amount of Debit: \$, .

Frequency (Check one.): Monthly (\$10 minimum) Quarterly (\$30 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 GIFT Plan account on the previous business day.

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

- B. **Payroll Deduction.** If you want to make contributions to your GIFT 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 GIFT 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 GIFT Plan accounts.

Amount of Deduction Each Pay Period (\$5 minimum): \$, .

- C. **EFT.** Through EFT, you can make a contribution of at least \$10 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions.

Important: To set up this option, you must provide banking information in **Section 8**.

8. Bank information *(Required to establish the AIP or EFT service.)*

Bank Name

- -

Bank Telephone Number

Bank Routing Number

Bank Account Number

Account Type:
(Check One.) Checking Savings

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.

9. Signature — YOU MUST SIGN BELOW

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

- I have received the GIFT Plan Program Description and Participation Agreement, which contain the Privacy Statement of Ascensus Broker Dealer Services, Inc. I understand that the GIFT Plan may from time to time amend the Program Description and Participation Agreement, and I agree that I will be subject to the terms of those amendments by signing this **Enrollment Form**. I understand that the **Enrollment Form** 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 and Participation Agreement and **Enrollment Form** constitute the entire agreement between the account owner and the GIFT 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 GIFT 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 Arkansas Section 529 Plan Review Committee or any other governmental entity, Ascensus Broker Dealer Services, Inc., The Vanguard Group, Inc. and Sallie Mae Bank, or any of their affiliates *(each, as defined in the GIFT Plan Program Description and Participant Agreement)*. Notwithstanding the foregoing, the GIFT Plan Savings Portfolio is the only investments option in the GIFT Plan that is insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC. I understand that there is no assurance that my Account under the GIFT 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 GIFT Plan Savings Portfolio as described in the GIFT Plan Program Description and Participant Agreement)*.
- If I have chosen the automatic investment or electronic funds transfer option, I authorize the GIFT Plan and Ascensus Broker Dealer Services, Inc., 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 8**. I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that Plan Officials and their respective affiliates *(each, as defined in the GIFT Plan Program Description and Participant 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 GIFT Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the GIFT 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 8**, and I confirm that the registrations on such bank accounts and my GIFT Plan account meet the requirements set forth above.
- I understand that contributions to the GIFT Plan will be invested in the Conservative Age-Based option if I have not made an investment selection in **Section 5**.
- **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 — and all future information I will provide with respect to my accounts — is true and accurate 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 GIFT Plan.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

[PAGE LEFT BLANK INTENTIONALLY]

[PAGE LEFT BLANK INTENTIONALLY]