



### 3. Recurring Contribution/Electronic Fund Transfer (EFT)

- Complete this section to add, change, or delete a recurring contribution from your bank account, or to add a one-time contribution by electronic transfer from a bank.
- You can add, change, or delete a Recurring Contribution or make a one-time EFT by accessing your Account online at [www.dccollegesavings.com](http://www.dccollegesavings.com).
- To add Recurring Contributions instructions or multiple bank accounts, complete and include **Section 3** and **Section 4** for each instruction.
- Recurring Contribution or EFT will be unavailable for withdrawal for 10 business days.
- When adding or changing bank information on your account, a 10 calendar day hold will be placed.
- Your transfer will be allocated according to the standing allocation(s) on your Account.
- Minimum investment amount is \$25.

A.  **Recurring Contributions.** You can transfer money from your bank account to the DC College Savings Plan Account on a set schedule or custom schedule. *(Check all that apply.)*

- Add this option to my Account. *(Provide the information below and in **Section 4**.)*
- Change my investment amount, frequency, and/or debit date to my existing Recurring Contribution *(Provide the new amount and/or debit date below.)* **Note:** If you wish to skip a scheduled Recurring Contribution, please call **1.800.987.4859**.
- Change the bank account information currently being used for my existing Recurring Contribution. *(Provide the information in **Section 4**.)*
- Delete this option.

**Amount of Debit:**  \$25    \$50    \$100    \$150    \$250    Other   \$  ,    .     **0 0**  
Amount

**Frequency (Check One):**  Monthly    Quarterly  
(Every three months.)    Custom

**Custom Only:**  
*(Select months you would like your Recurring Contributions to occur)*

January    February    March    April  
 May    June    July    August  
 September    October    November    December

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

\* The DC College Savings Plan must receive instructions at least three business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

**Annual Increase.** You may increase your Recurring Contributions automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

**Note:** A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

**Amount of increase:** \$ .

**Month:\*\***

\*\* The month in which your Recurring Contribution will be increased. The first increase will happen at the first occurrence of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of the DC College Savings Plan and will also count toward annual federal gift tax exclusion limits.

**EFT.** Refer to **Additional Contribution Form**

### 4. Bank information

Add  Change  Delete

- Complete this section if you are adding a Recurring Contribution or EFT option to your Account or if you are changing your bank account information.
- Recurring Contributions and EFT 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.
- When adding or changing bank information on your account, a 10 calendar day hold will be placed.

**Important:** By signing this paperwork, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:  Checking  Savings  
(Check one.)

#### Name(s) on Bank Account

Bank Account Owner Name (first, middle initial, last)

Bank Account Owner Name (first, middle initial, last) (if applicable)

**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.

If you are not the bank account owner, the named bank account owner(s) must authorize this AIP and/or EFT service by signing here:

SIGNATURE

Signature

-  -

Date (mm/dd/yyyy)

SIGNATURE

Signature

-  -

Date (mm/dd/yyyy)

**5. Systematic Reallocation Program** *(Optional)*

Systematic Reallocation allows you to reallocate from one Portfolio to one or more Portfolios within your Account on a pre-scheduled basis.

- To participate in Systematic Reallocation, you must contribute at least \$5,000 or have a balance of at least \$5,000 in the Source Portfolio to one or more Target Portfolios on a pre-scheduled basis. The reallocation from the Source Portfolio must have a minimum of \$5,000 in assets to start the Systematic Reallocation.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a Systematic Reallocation using money that is already invested in your account will count towards your twice per calendar year Portfolio change limit.
- Creating a Systematic Reallocation with new money contributed to your account will NOT count towards your twice per calendar year Portfolio change limit. To start a Systematic Reallocation using new money you must mail a contribution check with this completed form to the DC College Savings Plan.
- If you make any changes to or cancel an established Systematic Reallocation it will count towards your twice per calendar year Portfolio change limit.
- You cannot select Year of Enrollment Portfolio(s) as a "Source Portfolio."

**Frequency** *(Check one.):*     Monthly                       Quarterly *(3 months from the start date)*

**Amount:**                      \$ ,.  
Amount

**Start Date:\***                       -  -   
Date *(mm/dd/yyyy)*

\*The Program must receive instructions at least three business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

**Source Portfolio**

**Target Portfolio(s)**

\$ .**00**  
Amount *(minimum \$500)*

Portfolio

\$ .**00**  
Amount *(minimum \$500)*

Portfolio

\$ .**00**  
Amount *(minimum \$500)*

Portfolio

**Stop Type** *(Select one):*

**Stop Date:**                       -  -   
Date *(mm/dd/yyyy)*

**When total amount of reallocation equals:** \$ ,.**00**  
*(minimum \$5,000)*

**When Complete Balance of the "Source Portfolio" is depleted.**

*By completing this section and signing this form, I authorize the DC College Savings Plan to process the periodic reallocation as indicated. I understand that making changes to an established Systematic Reallocation Program will count towards my twice per calendar year Portfolio change limit.*



**7. Signature — YOU MUST SIGN BELOW**

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the DC College Savings Plan Program Disclosure Booklet as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize the DC College Savings Plan 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 4**, 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 true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have chosen the Recurring Contributions or EFT option, I authorize the DC College Savings Plan 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 4**. 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 the DC College Savings Plan, the District of Columbia, the Office of the Chief Financial Officer, Office of Finance and Treasury, 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 the DC College Savings Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the DC College Savings 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 4**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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