



DC College Savings Plan Account Features Form

- Use this form to add, change, or delete Recurring Contributions, Electronic Funds Transfer (EFT), Systematic Reallocation, Systematic Withdrawal Program (SWP), and banking information on your DC College Savings Plan Account.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at www.dccollegesavings.com, or you can call us to order any form—or request assistance in completing this form—at **1.800.987.4859**, Monday–Friday 8 a.m. to 8 p.m. Eastern time.



1.800.987.4859

8 a.m. to 8 p.m. Eastern Time M-F



www.dccollegesavings.com



clientservice@dccollegesavings.com

Regular mailing address:

**DC College Savings Plan
P.O. Box 55012
Boston, MA 02205-5012**

Overnight mailing address:

**DC College Savings Plan
95 Wells Ave, Suite 155
Newton, MA 02459-3204**

1. Current Account Owner information

—

—

—

Account Number(s) *(To list more than 3 Accounts, use a separate sheet.)*

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

— —

Telephone Number *(In case we have a question about your Account.)*

2. Features to add, update, or delete *(Check all that apply.)*

- Recurring Contribution Program/Electronic Fund Transfer— **Section 3**
- Bank information— **Section 4**
- Systematic Reallocation— **Section 5**
- Systematic Withdrawal Program— **Section 6**



* DC ACCT FEATURES *

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**.
- 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 business 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)

| | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April |
| <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August |
| <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> 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.

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)

Portfolio

\$, .

Amount *(minimum \$500)*

Portfolio

\$, .

Amount *(minimum \$500)*

Portfolio

\$, .

Amount *(minimum \$500)*

Stop Type *(Select one):*

Stop Date: - -

Date *(mm/dd/yyyy)*

When total amount of reallocation equals: \$, .

(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.

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

- Complete this section to establish periodic withdrawals from your DC College Savings Plan Account.
- SWPs can be established for Qualified Withdrawal only. We are required to file IRS Form 1099-Q annually for withdrawal taken from your DC College Savings Plan Account.
- You can have up to two SWP instructions on your Account.
- If the balance on the Portfolio is less than the SWP amount specified, the SWP instructions will be stopped.

Important: Your withdrawal will be held if a contribution is not on deposit for 10 business days, or 10 business days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied. Your withdrawal will also be held if the banking information has not been on file for 10 business days.

A. Activate the SWP for the DC College Savings Plan Account.

Frequency (*Check one.*): Monthly Quarterly Semi-Annually Annually

Start Date:* — —
Date (*mm/dd/yyyy*)

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

Amount of withdrawal: \$, .
Amount

*The first systematic withdrawal will occur on the start date indicated if received within three business days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day.

I authorize the DC College Savings Plan to withdraw from the following Portfolio(s)

Portfolio \$, .
Amount

Portfolio \$, .
Amount

Portfolio \$, .
Amount

B. SWP Recipient.

Account Owner (*Address on record.*)

Account Owner (*Bank on file.*)

Beneficiary (*Address on record.*)

Eligible college or university (*Provide school address below.*)

Name of School (*Complete only if the withdrawal is to be sent directly to the school.*)

Department / Office / Contact Name

Student ID

Mailing Address

City

State

—
Zip Code

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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