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, permanent U.S. street address, and date of birth, among other information—that will be used to verify their identity. If we do not receive all the required information, there could be a delay in opening your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

• Open an Account at [www.dccollegesavings.com](http://www.dccollegesavings.com) or complete this form to establish an 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](http://www.dccollegesavings.com), or you can call us to order any form—or request assistance in completing this form—at [1.800.987.4859](tel:1.800.987.4859) any business day from 8 a.m. to 8 p.m. Eastern time.

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### 1. Account type

- Select one of the Account types below.
- If you do not select an Account type, an individual Account will be opened for you.

- **Individual Account.** I am opening a new 529 plan Account.

- **UGMA/UTMA Account.** I am opening this Account with assets liquidated from an UGMA/UTMA custodial Account. I am aware that this may be a taxable event.
  - Indicate the state *(please abbreviate)* in which the UGMA/UTMA custodial Account was opened.

- **Business Entity/Trust Account.** I am opening this Account as a corporation, association, estate, or trust.
  *(You must enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*

- **Scholarship/Non-Profit.** I am opening this Account on behalf of a scholarship program, non-profit organization or a state or local government (or agency or instrumentality thereof) or (ii) organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization.
  *(You must enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Enrollment Form. We may also request additional information from you.)*
2. **Account Owner Information** *(The Account Owner is the person, Custodian on an UGMA/UTMA or entity who owns and controls the Account. This person must be a U.S. citizen or resident alien and at least 18 years old.)*

- **Legal Name** *(First name) *(Required)*
- **Legal Name** *(Last name) *(Required)*
- **If the Account Owner is a Business Entity/Trust**
- **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.)*
- **Telephone Number** *(In case we have a question about your Account.)* *(Required)*
- **Email Address**
- **U.S. Permanent Street Address** *(A P.O. box or rural route number is **not** acceptable.)* *(Required)*
- **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. **Beneficiary information** *(The Beneficiary is the future student.)*

- **Legal Name** *(First name) *(Required)*
- **Legal Name** *(Last name) *(Required)*
- **Social Security or Taxpayer Identification Number** *(Required)*
- **Birth Date (mm/dd/yyyy)** *(Required)*
- **Citizenship** *(If other than U.S. citizen, please indicate country of citizenship.)*
- **Check if Beneficiary’s address is the same as the Account Owner’s, otherwise complete the following:**
- **Mailing Address**
- **City**
- **State**
- **Zip Code**

**Relationship of Account Owner to Beneficiary**

- Parent
- Guardian
- Grandparent
- Friend
- Self
- Other
4. **Successor Account Owner Information** *(Optional)*

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death.
- You may revoke or change the Successor Account Owner at any time. See the **DC College Savings Plan Program Disclosure Booklet** for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old**.

<table>
<thead>
<tr>
<th>Legal Name <em>(First name)</em>/or Trust Name</th>
<th>(m.i)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Legal Name <em>(Last name)</em>/or remaining Trust Name</th>
<th></th>
</tr>
</thead>
</table>

| Birth Date or Trust Date *(mm/dd/yyyy)* | |

5. **Trusted Contact Person Information**

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize DC College Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns DC College Savings Plan to contact your Trusted Contact Person and disclose information about your Plan account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This form does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

<table>
<thead>
<tr>
<th>Add</th>
<th>Remove</th>
<th>Change</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Trusted Contact Person <em>(first, middle initial, last)</em></th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary Telephone Number</th>
<th>Secondary Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusted Contact Person’s</td>
<td>Trusted Contact Person’s</td>
</tr>
<tr>
<td>Primary Telephone Number</td>
<td>Secondary Telephone Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trusted Contact Person’s Email Address</th>
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<table>
<thead>
<tr>
<th>Trusted Contact Person’s Mailing Address</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Relationship to Account Owner.**

*Example: spouse, child, holder of my power of attorney, lawyer, accountant, etc.*
6. **Portfolio selection**

- Before choosing your Portfolio(s), see the [DC College Savings Plan Program Disclosure Booklet](http://www.dccollegesavings.com) (also available at www.dccollegesavings.com) for complete information about the Portfolios offered.

- Please select one or more Portfolios from the choices below. If you choose one Portfolio, please indicate 100% next to that option. If you choose more than one Portfolio, please indicate the percentage amount of the contribution you would like invested into each of the selected Portfolios.

- Use whole percentages only.

- Your investment percentages must total 100%.

| Year of College Enrollment Portfolios: |  
|----------------------------------------|---|
| DC College Savings 2037 Portfolio | % |
| DC College Savings 2034 Portfolio | % |
| DC College Savings 2031 Portfolio | % |
| DC College Savings 2028 Portfolio | % |
| DC College Savings 2025 Portfolio | % |
| DC College Savings 2022 Portfolio | % |
| DC College Savings In College Portfolio | % |

| Individual Portfolios: |  
|------------------------|---|
| U.S. Intermediate-Term Bond Index Portfolio | % |
| Intermediate-Term Bond Portfolio | % |
| U.S. Total Stock Market Index Portfolio | % |
| U.S. Socially Responsible Equity Portfolio | % |
| U.S. Large Cap Equity Portfolio | % |
| Non-U.S. Socially Responsible Equity Portfolio | % |
| Non-U.S. Total Stock Market Index Portfolio | % |
| U.S. Small Cap Equity Portfolio | % |

| Principal Protected Portfolio: |  
|-------------------------------|---|
| Principal Protected Portfolio | % |

**TOTAL**

|   | 100% |
7. Contribution Method

- Your initial contribution can be in any amount and come from several sources combined. If you combine sources, check the appropriate box for each source and write the contribution amount for each.
- Contributions by any source of funds (except payroll direct deposit) will not be available for withdrawal for 10 business days.
- There is a minimum initial contribution of $25.

Source of funds (Check all that apply:)

A. [ ] Personal Check.
   Important: All checks must be payable to DC College Savings Plan.
   Amount

B. [ ] Rollover from another 529 plan, Education Savings Account (ESA), or Qualified U.S. Savings Bond to the DC College Savings Plan. By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and include an Incoming Rollover Form, available online at www.dccollegesavings.com or by calling 1.800.987.4859.

C. [ ] Indirect Rollover. A check is included from another 529 plan, ESA, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

D. [ ] Recurring Contribution. You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly, or you can choose the months in which you would like your Recurring Contribution to occur. Money will be transferred electronically based on the frequency you select into your DC College Savings Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at www.dccollegesavings.com or by calling 1.800.987.4859. To add Recurring Contribution instructions or multiple bank accounts, complete and include Sections 7D and 7F for each.

   Important: To set up this option, you must provide bank information in Section 7F.

   Amount of Debit: [ ] $25 [ ] $50 [ ] $100 [ ] $150 [ ] $250 [ ] Other
   Frequency (Check One): [ ] Monthly [ ] Quarterly
   (Every three months.)
   Start Date:* [ ] [ ] [ ]
   Date (mm/dd/yyyy)

*The DC College Savings Plan must receive instructions at least 3 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.
E. **Electronic Funds Transfer.** Through EFT, you can make a contribution whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in Section 7F. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

$0,000.00

F. **Bank Information.** Required to establish Recurring Contributions or EFT service.

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.

**Important:** By signing this Enrollment Form, 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

<table>
<thead>
<tr>
<th>Bank Routing Number</th>
<th>Bank Account Number</th>
<th>Account Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Checking</td>
</tr>
</tbody>
</table>

Names on Bank Account

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

Joint Bank Account Owner’s Name (first, middle initial, last)

If you are not the bank account owner, the named bank account owner(s) must authorize the use of their bank account for this recurring contribution and/or EFT service by signing here.

**SIGNATURE**

Signature: ______________________  Date (mm/dd/yyyy): ______________________

G. **Payroll Direct Deposit.** If you want to make contributions to your DC College Savings Plan Account directly as a Payroll Direct Deposit, you must contact your employer’s payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your DC College Savings Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the DC College Savings Plan, provided your signature and Social Security number or Taxpayer Identification number on the form, and submitted the form to your employer’s payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other DC College Savings Plan Accounts. Accounts established with Payroll Direct Deposit have a minimum investment requirement of $15 per pay period.

Amount of Payroll Direct Deposit each pay period: $0,000.00
8. **Systematic Reallocation** *(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 out of which you are reallocating. By selecting this feature, you authorize the DC College Savings Plan to reallocate money automatically from one Portfolio to another regularly. The minimum periodic exchange amount is $500.
- You are unable to select the Year of College Enrollment as a “Source Portfolio.”

**Note:** If the Systematic Reallocation Program is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will NOT count toward your twice per calendar year Portfolio change limit. However, if you make any changes to your Systematic Reallocation selections, that will count towards your twice per calendar year Portfolio change limit.

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

**Amount:**

$ __________,________,________,________,00

**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

**Portfolio**

$ __________,________,________,________,00

**Portfolio**

$ __________,________,________,________,00

**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.
9. Agent authorization information *(Optional)*

**NOTICE:** THIS SECTION GIVES YOUR AGENT THE POWER TO TAKE CERTAIN ACTIONS IN CONNECTION WITH THE DC COLLEGE SAVINGS PLAN FOR YOU WITHOUT YOUR FURTHER CONSENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THE POWERS GRANTED BY THIS DOCUMENT ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT OF 1998.

**NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR FURTHER CONSENT, IN ANY WAY THAT COULD ACT FOR YOURSELF. ACTIONS TAKEN BY YOUR AGENT WILL BIND YOU AND YOUR SUCCESSORS.**

THE PURPOSE OF THIS LIMITED POWER OF ATTORNEY IS TO CONFER UPON AND GRANT TO THE PERSON YOU DESIGNATE (YOUR “AGENT”) BROAD POWERS TO TRANSACT BUSINESS WITH THE DC COLLEGE SAVINGS PLAN, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH THE DC COLLEGE SAVINGS PLAN WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS. WHEN POWERS ARE EXERCISED, YOUR AGENT MUST ACT FOR YOUR BENEFIT, AND USE THE CARE, COMPETENCE, AND DILIGENCE ORDINARILY EXERCISED BY AGENTS IN SIMILAR CIRCUMSTANCES, ALL IN ACCORDANCE WITH THE PROVISIONS OF THIS LIMITED POWER OF ATTORNEY AND APPLICABLE LAW.

UNTIL YOU REVOKE THIS LIMITED POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT, YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED. IF YOU WISH TO REVOKE THIS LIMITED POWER OF ATTORNEY YOU MUST NOTIFY THE AGENT IN WRITING WITH A COPY TO THE DC COLLEGE SAVINGS PLAN AT THE ADDRESS SET FORTH ABOVE.

THIS LIMITED POWER OF ATTORNEY IS INTENDED TO COMPLY WITH D.C. CODE § 21-2101. IN THE EVENT OF A CONFLICT BETWEEN THIS LIMITED POWER OF ATTORNEY AND THE DISTRICT OF COLUMBIA LAW, DISTRICT OF COLUMBIA LAW SHALL CONTROL. YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER THE DISTRICT OF COLUMBIA LAW NOT SPECIFIED IN THIS FORM.

A. Agent information

**Note:** If your Agent is a corporation or other entity, the entity must also complete and submit a DC College Savings Plan Organization Resolution Form.

**Relationship of Agent to Account Owner** *(Check one.)*

☐ Financial Advisor  ☐ Other *(Provide Social Security number or other Tax ID number.)*

Name of Agent *(first, middle initial, last)*

Financial Advisor Firm Name *(If applicable)*

Financial Advisor ID Number *(If applicable)*

Mailing Address

City State Zip Code

Telephone Number

I certify that I am authorized to access and perform transactions in a DC College Savings Plan Account on behalf of the Account Owner listed in Section 2 of this Enrollment Form in accordance with the authorization level selected in Section 9B.

BY SIGNING, ACCEPTING, OR ACTING UNDER THIS APPOINTMENT, I ASSUME THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT. I ACKNOWLEDGE THAT, AS AGENT, I ACT EXCLUSIVELY FOR THE BENEFIT OF THE ACCOUNT OWNER. I FURTHER ACKNOWLEDGE THAT I OWE A DUTY OF LOYALTY TO AND PROTECTION OF THE BEST INTERESTS OF THE ACCOUNT OWNER, A DUTY TO AVOID CONFLICTS OF INTEREST AND TO USE ORDINARY SKILL AND PRUDENCE IN THE EXERCISE OF THESE DUTIES. I AGREE TO DIRECT ANY BENEFITS DERIVED FROM THIS LIMITED POWER OF ATTORNEY TO THE ACCOUNT OWNER.

**SIGNATURE**

Signature of Agent

Date *(mm/dd/yyyy)*
9. Agent authorization information (Continued)

B. Authorization level

I, the Account Owner listed in Section 2, appoint the Agent listed in Section 9A, as my Agent (please initial the appropriate level of access that applies to the Account).

Note: If you have more than one Account and you wish to designate different levels of access for your different Account(s), complete a separate form for each Account.

- Level 1 — Account Inquiry Access. To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan.*

- Level 2 — Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan. To contribute money to the above-referenced Account(s) and to move money among Portfolios within each of the above-referenced Account(s).*

- Level 3 — Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account(s), and receive duplicate Account statements from the DC College Savings Plan. To contribute money to the above-referenced Account(s) and to move money among Portfolios within each of the above-referenced Account(s). To make qualified withdrawals, now or in the future, money from the above-referenced Account(s).*

* The authority in Level 1, 2, or 3 Access is limited to the level of authority specified above. My Agent shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account(s),
- Adding, deleting, or changing any banking information with respect to my Account(s),
- Changing the Beneficiary,
- Signing or e-signing an Enrollment Form or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account(s).
10. **SIGNATURE—YOU MUST SIGN BELOW**

By signing below, I apply to open an Account in the DC College Savings Plan and I hereby certify that:

- I have received and read this form and agree to the terms and conditions of the DC College Savings Plan Program Disclosure Booklet which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- All of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the DC College Savings Plan Program Disclosure Booklet and this form, and by any and all statutory, administrative and operating procedures that govern the DC College Savings Plan. Except as set forth below, I understand that the DC College Savings Plan Program Disclosure Booklet, and Enrollment Form and any subsequent forms signed by me constitute the entire agreement between me and the DC College Savings Plan. No person is authorized to make an oral modification to this agreement.
- I understand investments in the DC College Savings Plan are not guaranteed or insured by the Federal Deposit Insurance Corporation (FDIC) or any other government agency, and are not deposits or other obligations of any depository institution. I understand both the principal I contribute to my Account and any investment returns are not guaranteed by the DC College Savings Plan, the Government of 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, and their respective agents, employees and affiliates, (collectively, the DC College Savings Plan Associated Persons), and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the DC College Savings Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other qualified higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- If this new Account is being opened because a former Account Owner is deceased and I had been designated the Successor Account Owner on that Account, by signing below I certify that I am not aware of any adverse claim of ownership or court order relating to the ownership of this Account and I agree to hold harmless the DC College Savings Plan Associated Persons from any third party claims relating to the transfer of ownership to me.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 Plan issued by the District of Columbia will count towards my permitted twice per calendar year Portfolio change limit.
- If I have chosen the recurring contributions or EFT option, I authorize the Program Manager 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 7F. I authorize the bank to accept any such credits or debits to my Account without responsibility as 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 the DC College Savings Plan Associated Persons 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 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 7F.
- If I am establishing Systematic Reallocation, I authorize the DC College Savings Plan to process the periodic reallocation as indicated. I understand that making changes to an established Systematic Reallocation will count towards my twice per calendar year Portfolio change limit.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in 529 plans issued by the Trust will not cause the aggregate balances in such Accounts to exceed the Maximum Account Balance (as described in the DC College Savings Plan Program Disclosure Booklet) then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account and that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the DC College Savings Plan Associated Persons from any third party claims relating to my actions.
- 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 and that I am authorized to open an Account for the Beneficiary named in Section 3. I agree to promptly inform the DC College Savings Plan in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the DC College Savings Plan has the right to terminate the entity’s participation in the DC College Savings Plan if it has reasonable grounds to believe that any of the foregoing certifications are untrue.
- I agree to the terms of the pre-dispute arbitration clause as described in the Arbitration section of the DC College Savings Plan Program Disclosure Booklet.

**SIGNATURE**

Signature of Account Owner

☐ ☐ — ☐ ☐ — ☐ ☐ ☐ ☐

Date (mm/dd/yyyy)
11. About yourself *(Optional)*

How did you hear about the DC College Savings Plan? *(Select one:)*

- Online Ad
- Magazine/Newspaper
- Print Ad
- Television
- Radio
- School Event
- Community Event
- Family/Friends
- Financial Advisor
- Upromise Website
- Direct Mail
- E-Mail
- Employer
- Mailing
- Other