



DC College Savings 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, 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 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, or you can call us to order any form—or request assistance in completing this form—at **1.800.987.4859** any business day from 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. 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.*)



5. Portfolio selection

- Before choosing your Portfolio(s), see the **DC College Savings Plan Program Disclosure Booklet** (*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 2034 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings 2031 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings 2028 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings 2025 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings 2022 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings 2019 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
DC College Savings In College Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Individual Portfolios:

U.S. Intermediate-Term Bond Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Intermediate-Term Bond Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
U.S. Total Stock Market Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
U.S. Socially Responsible Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
U.S. Large Cap Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Non-U.S. Socially Responsible Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Non-U.S. Total Stock Market Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
U.S. Small Cap Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Principal Protected Portfolio:

Principal Protected Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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TOTAL

<input type="text"/>	<input type="text"/>	<input type="text"/>	%
1	0	0	%

8. Agent authorization information *(Continued)***B. Authorization level**

I, the Account Owner listed in **Section 2**, appoint the Agent listed in **Section 8A**, 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).

9. 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 6F**. 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 6F**.
- 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)

10. About yourself *(Optional)*

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

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Event | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Upromise Website | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Mailing | <input type="checkbox"/> Other | |

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