



HI529 — Hawaii's College Savings Program Beneficiary Change Form

- Complete this form if you are transferring to a new beneficiary all or part of the balance in the account of the current beneficiary.
- Print clearly, preferably in capital letters and black ink.

Important: To avoid adverse tax consequences on the account transfer, the new beneficiary must be a "member of the family" of the former beneficiary, as defined in the HI529 Plan Disclosure Statement. If the new beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to both Hawaii State and federal income tax and a 10% federal penalty tax on any earnings.

Forms can be downloaded from our website at www.hi529.com, or you can call us to order any form – or request assistance in completing this form at **1.866.529.3343** any business day from 8:00 a.m. to 5:00 p.m. (Hawaii Standard Time).

<p>Return this form in the enclosed postage-paid envelope, or mail to:</p> <p>HI529 — Hawaii's College Savings Program P.O. Box 219779 Kansas City, MO 64121-9779</p>	<p>For overnight delivery or registered mail, send to:</p> <p>HI529 — Hawaii's College Savings Program 920 Main Street, Suite 900 Kansas City, MO 64105</p>
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1. Current Account Information

Account Number

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

Name of Existing Beneficiary (*first, middle initial, last*)

Beneficiary Social Security Number or Taxpayer Identification Number (**Required**)



* H I B E N E C H G *

4. Investment Option Selection

- Before choosing your investment option, see the HI529 Plan Disclosure Statement, which is available at www.hi529.com for complete information about the investment options offered.
- You may currently choose up to **five (5)** investment options for your account – Age-Based Option, Fixed Asset Allocation Portfolios, or both.
- You must allocate at least **5%** of your contributions to each investment option that you choose. Use whole percentages only.
- Your percentages must total **100%**.

I want to keep the same investment allocation for my new beneficiary. **Note:** If you are invested in an Age-Based Option and the new beneficiary is in a different age bracket than the former beneficiary, your asset allocation may change.

I want to establish a new investment allocation as listed below. **Note:** See the HI529 Plan Disclosure Statement, which is available at www.hi529.com, for complete information on the investment options you are considering.

Age-Based Option:

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

Age-Based Option %

Fixed Asset Allocation Portfolios:

The assets will remain in the portfolio you select until you exchange them into a new investment option.

Vanguard Growth Portfolio %

Vanguard Moderate Growth Portfolio %

Vanguard Conservative Growth Portfolio %

Vanguard Income Portfolio %

Vanguard Total International Stock Index Portfolio %

Vanguard Total Stock Market Index Portfolio %

Vanguard Total Bond Market Index Portfolio %

Vanguard Money Market Portfolio %

TOTAL %

5. Automatic Investment Plan (AIP) (optional)

Through AIP, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your HI529 account. Your contribution will be credited to your HI529 account on the *business day before* it is debited from your bank account. You may change the investment amount and frequency at any time by logging on to your account at **www.hi529.com** or by calling **1.866.529.3343**.

To set up this option, you must provide the bank information below. **Important:** The AIP option 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 cannot be used.

I would like to continue my existing AIP for the new beneficiary.

I would like to establish a new AIP for the new beneficiary, as follows:

Amount of Debit: \$, . **0 0**

Frequency (Check one): Monthly (\$15 minimum) Quarterly (\$45 minimum)

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

* Your bank account will be debited on this date and your investment will be credited to your HI529 account on the *previous business day*. If you indicate a start date that is within the first four days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th. See the HI529 Plan Disclosure Statement for more information. **Note:** AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

Provide the bank account information below.

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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.

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