



HI529—Hawaii's College Savings Program 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, street address, and date of birth, among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open 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.hi529.com or complete this form to establish an account.
- Your initial investment, by any source of funds, must total at least \$15.
- Print clearly, preferably in capital letters and black ink.

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).

Return this form and any other required documents to:

HI529—Hawaii's College Savings Program
P.O. Box 219779
Kansas City, MO 64121-9779

For overnight delivery or registered mail, send to:

HI529—Hawaii's College Savings Program
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account type

- Select one of the account types below.
- If you do not select an account type, we will open an individual account 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, partnership, association, estate, or trust. (*You must include documentary evidence. Please 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.*)



2. Account Owner information *(The Account Owner is the person or entity who owns and controls the account. This person must be at least 18 years old.)*

Legal Name (First name) (m.i.)

Legal Name (Last name)

If the Account Owner is a Business Entity/Trust

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

- -
Birth Date/Trust Date (mm/dd/yyyy)

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

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

Email Address

Permanent Street Address *(A P.O. box or rural route number is not acceptable.)*

-
City State Zip

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

3. Beneficiary information *(The Beneficiary is the future student.)*

Legal Name (First name) (m.i.)

Legal Name (Last name)

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

- -
Birth Date (mm/dd/yyyy)

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address

-
City State Zip

6. Initial contribution

- Your minimum initial contribution must be \$15.
- Your initial contribution can come from several combined sources. 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 Deduction) will not be available for withdrawal for ten calendar days.

Source of funds (Check all that apply.)

A. **Personal check.**

Important: All checks must be payable to **HI529—Hawaii's College Savings Program.**

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Amount

B. **Electronic Bank Transfer (EBT).** You can make a contribution whenever you want by transferring money from your bank account. To set this up, you must provide banking information in **Section 8**. The maximum contribution in a one-time EBT may be limited. See the Disclosure Statement for more details. *(This amount will be a one-time EBT contribution to open your account.)*

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Amount

C. **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from your bank account on the frequency you specify. To set this up you must complete **Section 7** and **Section 8**.

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Amount

D. **Direct rollover from another 529 plan or Education Savings Account (ESA) to HI529.** By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and attach an **Incoming Rollover Form**. You can get this form online at www.hi529.com or by calling **1.866.529.3343**.

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Amount (Estimated)

E. **Indirect rollover from an Educational Savings Account (ESA), qualified U.S. savings bond, or another 529 plan.** You can transfer money from one of these options to your bank account and from there, to HI529.

Important: Indirect rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified distribution from your HI529 account.

- **Indirect rollover from another 529 plan or an ESA**— Enclose documentation from the distributing financial institution showing contributions and earnings.

- **Indirect rollover from qualified U.S. savings bonds**— Attach a statement or IRS Form 1099-INT, issued by the distributing financial institution, that shows the interest paid as of the redemption date.

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Contributions

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Earnings

F. **Payroll deduction.** You can have a set amount automatically deducted from your paycheck. To set this up, you must complete **Section 7**.

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Amount of Deduction Each Pay Period (\$15 minimum)

7. Future contributions *(Optional)*

You may make future contributions by personal check or electronically through AIP, Payroll Deduction, or by EBT.

Important: The AIP and EBT options 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 non-bank financial companies are not members of the ACH network.

- Contributions by AIP or EBT will not be available for withdrawal for ten calendar days.

A. **AIP.** Through AIP, money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your HI529 account. You may change the investment amount and frequency at any time by logging onto your account at **www.hi529.com** or by calling **1.866.529.3343**.

Important: To set up this option, you must provide bank information in **Section 8**.

Amount of Debit: \$. **00**

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 (4) 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 of any month. See the HI529 Plan Disclosure Statement for further information.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

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

Amount of increase: \$. **00**

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of the Plan and will also count toward annual federal gift tax exclusion limits.

B. **Payroll Deduction.** If you want to make contributions to your HI529 account directly as a payroll deduction, you must contact your employer’s payroll office to verify that you can participate. Payroll deduction contributions will not be made to your account until you have received a **Payroll Deduction Authorization Form** from HI529, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established for other HI529 accounts.

Amount of Deduction Each Pay Period *(\$15 minimum):* \$. **00**

Important: Check here if you are an employee of the State of Hawaii.
State Agency/Department

Important notice for State of Hawaii Employees: If you are a State of Hawaii employee, we will not generate a **Payroll Deduction Authorization Form** for you to submit to your employer; payroll deduction instructions will be transmitted electronically to the State of Hawaii. Please make sure the name on your HI529 account matches the name on your paycheck. If your employment with the State of Hawaii is terminated, you must cancel your payroll deduction instructions on your HI529 account. If HI529 does not receive payroll contributions for 12 months your payroll deduction will be automatically discontinued.

C. **EBT.** Through EBT, you can make a contribution of at least \$15 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EBT contributions.

Important: To set up this option, you must provide bank information in **Section 8**.

8. Bank information *(Required to establish the AIP or EBT service.)*

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.

Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

9. About yourself *(Optional)*

It's important that HI529 meets the needs of Hawaii residents. By supplying us with the following information, the State of Hawaii's College Savings Trust can understand how the Plan is being used. Your individual information will not be shared with any other party and will only be seen by the Trust and its service providers, including the Program Manager. Also, it will be rolled up as a total and not used on an individual basis *(so your anonymity will be protected)*. Thank you!

Income level *(Select One.)*

\$0–\$24,999

\$25,000–\$49,999

\$50,000–\$74,999

\$75,000–\$99,999

\$100,000 +

Race *(Select One.)*

Caucasian

Asian

African American or Black

Hispanic or Latino
(of any race)

Native American

Pacific Islander

Other

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

Some high school

High school graduate

Some college

Associate's degree

Bachelor's degree

Master's degree

Professional degree

Doctorate degree

10. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in HI529. I certify that:

- I have received, read, and understand the terms and conditions of the HI529 Plan Disclosure Statement and Participation Agreement. I understand that by signing this **Enrollment Form**, I am agreeing to be bound by the terms and conditions of the HI529 Plan Disclosure Statement and Participation Agreement. I understand that the **Enrollment Form** shall be construed, governed by, and interpreted in accordance with the laws of the State of Hawaii.
- Except as set forth below, I understand that the HI529 Plan Disclosure Statement and Participation Agreement and **Enrollment Form** constitute the entire agreement between myself and HI529. No person is authorized to make an oral modification to this agreement.
- I understand that accounts in HI529 are not insured by the State of Hawaii and neither the principal deposited nor the investment return is guaranteed by the State of Hawaii, the Program Manager (*as defined in the HI529 Plan Disclosure Statement*), the Investment Manager (*as defined in the HI529 Disclosure Statement*), or any of their affiliates. I understand that there is no assurance that the accounts under HI529 will generate any specific rate of return; in fact, there is no assurance that the accounts will not decrease in value.
- If I have chosen the AIP or EBT option, I authorize HI529 and Ascensus College Savings Recordkeeping Services, LLC., 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 8**. 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 to my account must comply with provisions of U.S. law. I further agree that HI529, the State of Hawaii Director of Finance, Ascensus College Savings Recordkeeping Services, LLC., and their respective affiliates 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 HI529, Ascensus College Savings Recordkeeping Services, LLC., and the bank by telephone or in writing, and that the termination request will be effective as soon as HI529, Ascensus College Savings Recordkeeping Services, LLC., and their respective affiliates 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 8**.
- I understand that contributions that cause the total balance of this account and any other accounts established in HI529 and in any other Qualified Tuition Program offered by the State of Hawaii on behalf of the Beneficiary designated in **Section 3** of this **Enrollment Form** to exceed the maximum account balance established by the State of Hawaii Director of Finance are not permitted. I understand that if a contribution is made to the account that exceeds the maximum account balance, all or a portion of the contribution amount will be returned to me or the contributor.
- **I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in the General Provisions section of the HI529 Plan Disclosure Statement and Participation Agreement.**
- I certify that all of the information that I provided on this **Enrollment Form** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern HI529.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

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