

ISave 529TM

Contribution Form



- Complete this form to make additional contributions to your account by check.
- For your contribution to be invested, you must clearly print all required information and include a check made payable to ISave 529. Make sure to include your account number on your check. If you don't include the required information on this form, your investment will be delayed until proper information is received. **Note:** Your contribution will be invested according to the allocation instructions on file for your account at the time this form is received in good order.
- To make an additional contribution by direct rollover from another 529 plan or an education savings account, complete an Incoming Rollover Form, which is available online at **ISave529.com** or by calling **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.
- Print clearly, preferably in capital letters and black ink..

Important: Allow three business days from the date we receive this form to establish or change your options. Afterward, each contribution will be credited to your account on the business day before it is debited from your bank account. Changes to, or the termination of, recurring contributions must occur at least five business days before a recurring contribution debit is scheduled to be deducted from your bank account.

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

Return this form to:

ISave 529
P.O. Box 219219
Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:

ISave 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Information

$$\begin{array}{|c|c|c|c|c|c|c|c|c|} \hline & & & & & & & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array}$$

Account Number (Include your account number on your check.) (Required)

[illegible]

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

[illegible]

Name of Beneficiary (first, middle initial, last) (Required)



ADD PURCHASE IOWA

Contributions and rollovers by check will not be available for withdrawal for ten calendar days.

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Amount

- **Indirect rollover from a qualified U.S. savings bond.** Attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption.

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Contributions

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Earning