ISave 529[™]

Recurring Contribution (Automatic Investment Plan)/ Electronic Bank Transfer Form



- Complete this form to start, change, or discontinue recurring contributions (also known as automatic investment plan or AIP) from your bank
 account or to add, change, or delete bank account information for periodic contributions by electronic bank transfer. Submit a separate
 form for each ISave 529 account you own.
- To add or change instructions for recurring contributions by payroll deduction, use the Payroll Deduction Instruction Form.
- You can start, change, or discontinue your recurring contributions by accessing your accounts online at ISave529.com.
- 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

Account Number (Required)	
Name of Account Owner (first, middle initial, last) (Required)	
Daytime Telephone Number	Evening Telephone Number
Name of Reneficiary (first middle initial Jast) (Required)	

REMEMBER TO SIGN IN SECTION 4.



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2.	Options	(Complete A,	B. or both.)
	Optiono	journproto / i,	D, 01 DOUI.,

3.

Recurring contributions and electronic bank transfers will not be available for withdrawal for five business days.

	Known as automatic investment plan or AIP). Have a set amount electronically transferred Save 529 account on a regular schedule.					
Add this option to my account	Add this option to my account. (Provide your debit information at the top of the next page and your bank information in Section 3 .)					
Change my investment amo	Change my investment amount, debit date, or both. (Provide the new information on the next page.)					
Change my bank account in	formation. (Provide the new information in Section 3.)					
Discontinue recurring contri	butions.					
Amount of Debit (\$25 minimum): \$25 \$50 \$100 \$150 Other \$, 0 0					
Frequency (Check one):	Monthly Quarterly					
Start Date:*						
credited (money will be added) to yo	noney will be withdrawn) on the 20th of any month, unless you pick a different date. Your investment will be ur ISave 529 account on the previous business day. Note: Recurring contributions with a debit date of January is having been made in the new calendar year. Quarterly investments are made every three months on the day basis.					
	Annual Increase. You may increase your recurring contribution automatically on an annual basis. Your contribution will be adjusted each year according to the information below.					
Note: A plan of regular investme	ent cannot ensure a profit or protect against a loss in a declining market.					
Amount of increase:	\$					
Month**:						
** The month in which your recurring co	ontribution will be increased. The first increase will occur at the first instance of the month selected.					
account by phone or online. The the close of the New York Stock	T). Make onetime or periodic transfers of \$25 or more from your bank account to your ISave 529 number of days the transfer takes depends on the timing of your request. If you request an EBT by Exchange (generally 4 p.m., Eastern time), you will get that day's closing price. Requests processed the next business day's trade date. To establish or change this service for your account, provide your					
Add Cha	nge Delete					
Bank Information						
• Complete this section only if you a account information.	are adding the recurring contribution and/or EBT option to your account or are changing your bank					
credit union that is a member of the	Toptions can be used only with accounts held by a U.S. bank, savings and loan association, or the Automated Clearing House (ACH) network. Money market mutual funds and cash management of financial companies cannot be used.					
	work, you agree and confirm that your ACH transactions will not involve the branches or offices of a impany located outside the territorial jurisdiction of the United States.					
Bank Name						
Bank Routing Number	Bank Account Number Account Type: (Check One.) Checking Savings					

4. Signature—YOU MUST SIGN BELOW

I certify that I have received and read the ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing ISave 529. I understand that all changes made on this form supersede all my previous electronic money transfer instructions.

If I have added or changed the recurring contribution or electronic bank transfer option, I authorize ISave 529 and Ascensus Broker Dealer Services, Inc., upon telephone or online request, to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank to accept any such credits or debits involving my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that ISave 529, Ascensus Broker Dealer Services, Inc., and any of their respective affiliates will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time by notifying ISave 529 and Ascensus Broker Dealer Services, Inc., by telephone or in writing, and that the termination request will be effective as soon as ISave 529 and Ascensus Broker Dealer Services, Inc., have had a reasonable amount of time to act upon it. I acknowledge that if a recurring or EBT contribution cannot be processed because the bank account on which it is drawn contains insufficient funds or incomplete or inaccurate information, the Plan reserves the right to suspend processing of future recurring or EBT contributions. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

	Signature of Account Owner			Date (mm-dd-yyyy)
>	SIGNATURE			
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