

ISave 529TM

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

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

Account Number **(Required)**[illegible]

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

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

Daytime Telephone Number

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

Evening Telephone Number

[illegible]

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

REMEMBER TO SIGN IN SECTION 4.



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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

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)