# ISave 529™ 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 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 the account. If we are unable to verify your identity, we reserve the right to close your account or take other steps we deem reasonable.

- You can also open an account online at ISave529.com.
- Your initial investment, including contributions by check, transfer or rollover, must total at least \$25 (\$15 for payroll deductions).
- · Print clearly, preferably in capital letters and black ink.

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

## 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.

**UGMA/UTMA account.** I am opening this account with assets liquidated from an UGMA/UTMA custodial account. *I understand that this may be a taxable event.* 

Indicate the state (please abbreviate) under the laws of which the UGMA/UTMA custodial account was opened.

**Trust account.** I am opening this account for an existing trust. (You must include a completed ISave 529 Trustee Certification form and copies of the pages of the trust agreement—*sometimes called the "execution pages"*—*containing the name of the trust, the date of the trust and the names and signatures of the trustees.*)

### Account Owner Information (This individual or trust owns and controls the account.)

Legal Name of Individual, Custodian <i>(first, middle initial, last)</i> or Trust <b>(Required)</b>							
Social Security Number or Individual Taxpayer ID Number ( <b>Required</b> )	Birth Date (month, day, year) ( <b>Required)</b>						
Citizenship (If other than a U.S. citizen, indicate country of citizenship.)							
Daytime Telephone Number	Evening Telephone Number						
REMEMBER TO SIGN IN SECTIO	N 9.						
1							

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Email Address	
Permanent Street Address or APO/FPO (A P.O. box or rural route number is <b>not</b> acceptable) ( <b>Re</b>	equired)
City	State Zip Code
Account Mailing Address if Different From Above (used both as the account's address of record	rd and for all account mailings)
City	State Zip Code

# **3. Designated Beneficiary Information**(*This individual is the future student.*)

You may only select one Beneficiary per account.

Note: You can change your Beneficiary at any time to another Beneficiary who is an eligible "Member of the Family" of the original Beneficiary that you assign below. Refer to the ISave 529 Program Description for more information.

Legal Name (first, middle initial, last) ( <b>Required</b> )	
Social Security Number or Individual Taxpayer ID Number ( <i>Required</i> )	Birth Date <i>(month, day, year)</i> ( <b>Required</b> )
Citizenship (If other than a U.S. citizen, indicate country of citizenship.)	

4. Successor Account Owner Information (This individual will assume control of your account in the event of your death.)

- Do not complete this section if the Account Owner is a trust.
- You may revoke or change the successor Account Owner at any time. Refer to the ISave 529 Program Description for more information.
- You can have only one Successor Account Owner per account, and he or she must be a U.S. citizen or resident alien and **must be at least 18 years of age**.

Name of Successor Account Owner (first, middle initial, last) (Required)		
Birth Date <i>(mm-dd-yyyy)</i> <b>(Required)</b>	Social Security I	Number
Telephone Number ( <i>Required</i> )		
Email Address		
Permanent Street Address or APO/FPO (A P.O. box or rural route number is <b>not</b> acceptable)		
City	State	

### **Investment Selection**

- You can invest your contributions in Age-Based Savings Tracks, Individual Portfolios or a combination of these. Refer to the ISave 529 Program Description for more information.
- You may choose up to five investment options. You must allocate at least 5% of your contributions to each investment you choose, using whole percentages only.
- Your investment percentages must total 100%. •
- Your investment selections will remain in effect until you change them online at ISave529.com or submit an ٠ Exchange/Future Contribution (Allocation) Form.

Age-Based Savings Tracks—Designed for Higher Education (Each track invests in a series of Individual Portfolios. The assets in an Age-Based Savings Tracks will be automatically exchanged from one portfolio to another as the Beneficiary ages.)

Aggressive Growth Age-Based Track	<u> </u>
Growth Age-Based Track	<u> </u>
Moderate Growth Age-Based Track	<u> </u>
Conservative Growth Age-Based Track	<u>%</u>

Individual Portfolios (The assets will remain in the portfolio you select until you exchange them to a new investment option.)

#### **Stock Portfolios:**

Balanced Portfolios	
Total Domestic Stock Index Portfolio	<u> </u>
Aggressive Growth Portfolio	<b>%</b>
Total International Stock Index Portfolio	<u> </u>

#### Please remember to:

- Choose no more than five investments.
- Allocate at least 5% to each investment you choose.
- · Use whole numbers.
- Sign in Section 9.

#### Balanced Portfolios:

Growth Portfolio
Moderate Growth Portfolio
Conservative Growth Portfolio
Income Portfolio

1		
%		
%		
%		

% 

#### **Bond Portfolios:**

Short-Term Reserve Portfolios:	
Total International Bond Index Portfolio	<u>%</u>
Conservative Income Portfolio	<u>%</u>
Bond Index Portfolio	<u> </u>
Short-Term Bond Index Portfolio	<b>%</b>

#### % 0 0 % Total 1

Interest Accumulation Portfolio

### Initial Contribution

\$

- The minimum initial contribution is \$25 (\$15 if contributing by payroll deduction, if available).
- The initial contribution can come from several sources combined. If you combine sources, check the appropriate box for each source and write in the contribution amount for each. For the portion of combined contributions that is not made through a direct or indirect rollover (see below), check either the "Personal check" or "Electronic bank transfer" box and indicate the amount of the nonrollover portion of the contribution.
- Contributions and rollovers by check or electronic bank transfer (EBT) will not be available for withdrawal for five business days.

#### Source of funds (Complete all that apply.)

A. Personal check. Make your check payable to: ISave 529. The Plan will not accept contributions made by cash, money order, third-party check over \$10,000, foreign check not in U.S. dollars, check dated past 180 days from the date of receipt, traveler's check, bank courtesy check, credit card check or postdated check.

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**B. EBT.** To establish this service for your account, provide your bank information in **Section 8**.

	0	0	This amount will be you	r onetime EBT	contribution 1	to open you	r account.
Amount							

C. Recurring contributions (also known as automatic investment plan or AIP). You can schedule a set amount to be automatically transferred from your bank account to your ISave 529 account. To set this up, enter your recurring contribution amount below and then complete Section 7A and Section 8.

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Amo	unt							

D. Direct rollover from another qualified 529 plan or education savings account (ESA). You can transfer money from another 529 plan or an ESA to your ISave 529 account. Rollovers between 529 plans for the benefit of the same Beneficiary are limited to one every 12 months. *Complete and attach an Incoming Rollover Form, which is available online at ISave529.com* or by calling **888-672-9116**.

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- E. Indirect rollover from another qualified 529 plan, an ESA or a qualified U.S. savings bond. You can transfer money from one of these options to your bank account and, from there, to your ISave 529 account. Such indirect rollovers require certain documentation described below. Rollovers between 529 plans for the benefit of the same Beneficiary are limited to one every 12 months.
  - Indirect rollover from another qualified 529 plan or an ESA. Enclose documentation from the distributing financial institution detailing a breakdown of 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 upon redemption.

**Important:** If you do not provide the necessary documentation, the entire amount of the rollover will be considered earnings, which could result in adverse tax consequences, particularly if you later make a nonqualified withdrawal from your ISave 529 account.



F. Payroll deduction. If you want to make contributions to your ISave 529 account as a payroll deduction, you must contact your employer's payroll department to verify that you can participate. Payroll deduction contributions will not be made to your account until you have received a payroll deduction confirmation from ISave 529, provided your signature and Social Security number or individual taxpayer ID number on the form and submitted the form to your employer's payroll department. The amount you indicate below will be in addition to any payroll deductions you may have previously established on other ISave 529 accounts.

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

# . Subsequent Contributions (optional)

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- You may make future contributions by personal check or automatically—through recurring contributions or EBT.
- Important: These options can be established only on 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 through nonbank financial companies may not be used. If you do not check the confirmation box in **Section 8**, your request may not be processed.
- Contributions by check, recurring contribution or EBT will not be available for withdrawal for five business days.

**Recurring contributions:** Have a set amount automatically transferred from your bank account to your ISave 529 account on a regular schedule

- You may establish this service or change the debit amount and frequency at any time by visiting our website or calling us.
- Your ISave 529 account will be credited one business day before the withdrawal from your bank account.
- To establish or change this service for your account, provide your bank information in Section 8.

Amount of Debit (\$25 r	ninimum): \$Amount	0 0
Frequency (Select one.)	): Monthly Quar	terly
Start Date:*	—	* Your bank account will be debited (money will be withdrawn) on the 20th of any month, unless you pick a different date. Your investment will be credited (money will be added) to your ISave 529 account on the previous business day. Note: Recurring contributions with a debit date of January 1st, 2nd, 3rd or 4th will be treated as having been made in the new calendar year. Quarterly investments are made every three months on the day indicated, not on a calendar-quarter 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 investment cannot ensure a profit or protect against a loss.

Amount of	Increase: \$00_0
Month**:	

\*\*The month in which your recurring contribution will be increased. The first increase will occur at the first instance of the month selected.

- **B. EBT:** Make onetime or periodic transfers of \$25 or more from your bank account to your ISave 529 account by phone or online. The number of days the transfer takes depends on the timing of your request. If you request an EBT by the close of the New York Stock Exchange (generally 4 p.m., Eastern time), you will get that day's closing price. Requests processed after market close will receive the next business day's trade date. To establish or change this service for your account, provide your bank information in **Section 8**.
- C. Payroll Deduction: If you want to make contributions to your ISave 529 account as a payroll deduction, you must contact your employer's payroll department to verify that you can participate. Payroll deduction contributions will not be made to your account until you have received a payroll deduction confirmation from the Plan, provided your signature and Social Security number or individual taxpayer ID number on the form and submitted the form to your employer's payroll department. The amount you indicate below will be in addition to any payroll deductions you may have previously established on other ISave 529 accounts.

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

#### Bank Information (required to fund your initial contribution by EBT and/or to establish the recurring contribution or EBT option)

**Important:** By signing this paperwork, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name				
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.

9.

# Authorization—YOU MUST SIGN BELOW

By signing below, I agree to the following terms and conditions:

- I certify that I have received and read the ISave 529 Program Description and Privacy Policies (Program Description) and the Privacy
  Policy of Ascensus College Savings Recordkeeping Services, LLC. I understand that by signing this Enrollment Form, I am also signing
  and agreeing to be bound by the terms and conditions of the Program Description. I understand that this Enrollment Form shall be
  construed, governed and interpreted in accordance with the laws of the State of Iowa.
- Except as set forth below, I understand that the Program Description constitutes the entire agreement between the Account Owner and ISave 529. No person is authorized to make an oral modification to this agreement.
- I understand that this Enrollment Form is subject to and incorporates by reference the administrative rules, operating procedures and policies adopted by the lowa Treasurer of State and the statutes governing the trust codified as Code of Iowa, Chapter 12D. I also understand that any changes in statutes, regulations, operating procedures and policies shall amend this Enrollment Form after adoption by the Treasurer of State.
- I understand that I may incur federal and state income taxes, penalty taxes, federal gift tax, estate tax or generation-skipping transfer tax as a consequence of certain activities, including terminating my account or changing my Beneficiary to an ineligible person. (Account Owners should seek advice from a qualified tax advisor.)
- I understand that contributions to ISave 529 are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation, The Vanguard Group, Inc., Ascensus College Savings Recordkeeping Services, LLC, or any of their respective affiliates, the State of Iowa or any other government or government agency. I understand that contributions will be invested under the direction of the Treasurer of State and there is no assurance that the accounts under ISave 529 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 recurring contribution or EBT option, I authorize ISave 529 and Ascensus College Savings Recordkeeping Services, LLC, upon telephone or online request, to secure payment of amounts invested by me, by initiating credit or debit entries involving my account at the bank named in Section 8. 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. Iaw. I further agree that ISave 529, Ascensus College Savings Recordkeeping Services, LLC, and any of 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 ISave 529 and Ascensus College Savings Recordkeeping Services, LLC, by telephone or in writing, and that the termination request will be effective as soon as ISave 529 and Ascensus College Savings Recordkeeping Services, LLC, 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 8.
- I certify that the information provided on this form is true and accurate and that I am bound by the terms, rights and responsibilities stated in this Enrollment Form and by any and all statutory, administrative and operating procedures that govern College Savings Iowa.
- I agree to the terms of the predispute arbitration clause as described in Part XI on page 72 of the Program Description.

SIGNATURE Signature of Account Owner



### Two ways to supplement your education savings—free!

**Ugift**<sup>®</sup> is a way to invite family and friends to celebrate a child's milestones with the gift of education savings. This easy-to-use service lets the special people in your life make gift contributions to your lSave 529 account.

**Upromise**<sup>®</sup> lets you add to your education savings simply by spending money on products you use every day—from gasoline to laundry detergent. By participating in this service, a percentage of every dollar you spend on thousands of products is returned to you in an account that you establish with Upromise. You then have the option to roll these funds into your ISave 529 account. (If you are already a member of Upromise, you can arrange to have contributions transferred from your existing Upromise account to your ISave 529 account.)

To learn more about these services, visit **ISave529.com** and follow the online instructions to join Upromise or use Ugift.

### Additional Information (optional)

How did you hear about ISave 529? (Check one.)

College Savings Plan Network (CSPN)	Vanguard <sup>®</sup> website
Direct mail	Online advertising or other websites
Outreach event (sporting, school, fair, etc.)	Newspaper/Magazine articles-print
Email	Radio
Employer	Television
Family/Friend/Colleague	Other
Investment professional (accountant, financial advisor, stockbroker, etc.)	Do not remember
lowaTreasurer.gov	Online news article
Upromise website	Daycare or school

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