

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

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.

☐

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.)

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

Legal Name of Individual, Custodian (*first, middle initial, last*) or Trust (**Required**)

Social Security Number or Individual Taxpayer ID Number (**Required**)

Birth Date (*month, day, year*) (**Required**)

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

Daytime Telephone Number

Evening Telephone Number

REMEMBER TO SIGN IN SECTION 9.



IOWA ENROLL WEB FORM

City

3.

4.

- City

5. 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 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	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Growth Age-Based Track	<input type="text"/> <input type="text"/> <input type="text"/> %

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

Stock Portfolios:

Total International Stock Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Aggressive Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Domestic Stock Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Balanced Portfolios:

Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Growth Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Bond Portfolios:

Short-Term Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Total International Bond Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Short-Term Reserve Portfolios:

Interest Accumulation Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
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Total	<input type="text"/> <input type="text"/> <input type="text"/> %
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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**.

6.

- Source of funds**
- (Complete all that apply.)*

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

7.

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8. 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 Iowa 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. law. 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

Date (mm-dd-yyyy)

Two ways to supplement your education savings—free!

Ugift® 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 ISave 529 account.

Upromise® 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.)*

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