

IDEal – Idaho College Savings Program Automatic Investment Plan/ Electronic Funds Transfer Form



- Complete this form to start, change, or stop an automatic investment from your bank account, or to add or change bank account information for contributions by electronic transfer from a bank. Complete and submit a separate form for each account you own in IDEal.
- You can start, change, or stop automatic investment plan (AIP) and electronic funds transfers (EFT) by accessing your account online at www.idsaves.org.
- Print clearly, preferably in capital letters and black ink. Do not staple.

Forms can be downloaded from our website at www.idsaves.org, or you can call us to order any form – or request assistance in completing this form – at **1.866.433.2533** any business day from 8 a.m. to 8 p.m. Eastern time.

	Return this form in the enclosed postage-paid envelope, or mail to: IDEal – Idaho College Savings Program P.O. Box 219944 Kansas City, MO 64121	For overnight delivery or registered mail, send to: IDEal – Idaho College Savings Program 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131
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1. Account Information

Account Number

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

Daytime Telephone Number

Evening Telephone Number

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



2. Options

A. AIP. You can transfer money from your bank account to your iDeal account on a set schedule.

- Add this option to my account. (Provide the information below and in **Section 3**.)
- Change my investment amount and/or debit date. (Provide the new amount and/or debit date below.)
- Change my bank account information. (Provide the information in **Section 3**.)
- Stop this option.

Amount of Debit: \$, .

Frequency (Check one): Monthly (\$25 minimum) Quarterly (\$75 minimum)

Start Date*: - -

Date (mm/dd/yyyy)

* Your bank account will be debited on this date and your investment will be credited to your iDeal account on the *previous business day*. If you indicate a start date that is within the first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th. See the iDeal Highlights Booklet and Disclosure Statement for further information.

B. EFT. Add bank information for future electronic transfers. We will keep your bank instructions on file for future EFT contributions. You can transfer \$25 or more from your bank account to your iDeal account at any time simply by calling us or requesting a transfer online.

Add Change Delete

3. Bank Information

- Complete this section only if you are adding an AIP or EFT option to your account or if you are changing your bank account information.
- AIP and EFT can be made only through 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 cannot be used.

Bank Name

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Bank Telephone Number

Bank Registration (Name on bank account)

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.

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I authorize the Program Manager (as defined in the IDeal Disclosure Statement), upon telephone or online request, to pay amounts representing redemptions made by me or 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 to my account without responsibility for their correctness. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that the Plan Officials (as defined in the IDeal Disclosure Statement) 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 the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

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Signature of Account Owner

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Date (mm/dd/yyyy)

Accounts in IDeal are not insured by the State of Idaho and neither the principal deposited nor the investment return is guaranteed by the State of Idaho.