

CollegeChoice Advisor 529 Savings Plan Enrollment Form


CollegeChoiceAdvisor
529 SAVINGS PLAN

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

Use this form to enroll in CollegeChoice Advisor 529 Savings Plan ("CollegeChoice Advisor" or the "Plan"). We are required by federal law to obtain certain personal information from each person who opens an Account—including name, U.S. permanent street address, and date of birth, among other information—that will be used to verify their identity. If we do not receive all the required information, there could be a delay in opening your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program.
- You must provide all information except where indicated as optional.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Terms used in the Form not otherwise capitalized have the same meaning as those terms in the CollegeChoice Advisor 529 Savings Plan Disclosure Booklet ("Disclosure Booklet"). Forms can be downloaded from our website at www.collegechoiceadvisor529.com, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. - 8 p.m. Eastern time.

 **1.866.485.9413**
8 a.m. to 8 p.m. Eastern time

 www.collegechoiceadvisor529.com

Regular mailing address:

**CollegeChoice Advisor 529 Savings Plan
P.O. Box 219354
Kansas City, MO 64121**

Overnight mailing address:

**CollegeChoice Advisor 529 Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131**

1. Account Type *(Choose one.)*

- Individual Account.** I am opening a new CollegeChoice Advisor 529 Account.
- UGMA/UTMA Account.** I am opening an UGMA/UTMA Account with assets liquidated from an UGMA/UTMA custodial Account from the state of *(please abbreviate)* in which the UGMA/UTMA custodial Account was opened. I am aware this may be a taxable event.
- Trust Account.** I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*
- Business Entity.** I am opening this Account as a corporation, partnership, association, or estate. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*
- Scholarship/Non-Profit.** I am opening this Account on behalf of a Scholarship program, Non-Profit organization or a state or local government (or agency or instrumentality thereof) or (ii) organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the Enrollment Form. We may also request additional information from you.)*



3. Beneficiary Information *(The Beneficiary is the person for whom the funds are intended.)*

Legal Name (First name) (Required) (m.i.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm/dd/yyyy) (Required)

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

Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

Mailing Address

City State Zip Code

Savings Goal(s) *(Choose one.)*

- Higher Education. Saving for qualified higher education expenses at any eligible post-secondary school.
K-12 Tuition Expenses. Saving for tuition expenses in connection with enrollment or attendance at an elementary or secondary public, private, or religious school.
Higher Education and K-12 Tuition Expenses. Saving for both qualified higher education expenses and K-12 tuition expenses.

Please note, if you are transferring to an existing Account, your savings goal selection will be applied if it does not currently exist.

4. Successor Account Owner Information *(Recommended)*

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death.
The person you designate as a Successor Account Owner must be at least 18 years old.
You may revoke or change your designation later by completing the appropriate form.
See the Disclosure Booklet for more information.

Legal Name (First name)/or Trust Name (Required) (m.i.)

Legal Name (Last name)/or Remaining Trust Name (Required)

Birth Date or Trust Date (mm/dd/yyyy) (Required)

6. Sales Charge Waiver (Optional)

- To qualify for a sales charge reduction, you must notify the CollegeChoice Advisor 529 Savings Plan "CollegeChoice Advisor or the Plan".
- Check one or check all that apply.

A. **Fee-based account.** Check this box if you are investing in CollegeChoice Advisor through a fee-based arrangement with your Financial Professional that will enable you to purchase your investment in the Plan at Portfolio Unit Value.

B. **I am eligible for a sales charge waiver** under the terms of the Disclosure Booklet. I am eligible because I am related to:

Legal Name (first, middle initial, last)

Qualifying Employer's Name

Relationship

- Self
 Spouse
 Domestic Partner
 Child
 Officer, Director, or Trustee
 Parent
 Grandparent
 Grandchild
 Dependent of the Person
 Employer Sponsored Plan (Payroll Direct Deposit)
 Sibling
 Stepchild
 Father- or Mother-in-law

C. **Rights of Accumulation ("ROA").** Check this box if a family member owns units in CollegeChoice Advisor to be applied for the reduced sales charge. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Disclosure Booklet for additional information.

Legal Name of Family Member (first, middle initial, last)

—

Account Number

Legal Name of Family Member (first, middle initial, last)

—

Account Number

7. Trusted Contact Person Information

- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize the Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns to contact your Trusted Contact Person and disclose information about your Plan account:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This form does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

Name of Trusted Contact Person (*first, middle initial, last*)

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

Relationship to Account Owner.

Advisor

Attorney

Spouse

Family Member

Friend

Other

8. Investment Option Selection *(Required)*

- Before choosing your Investment Option(s), please read the Plan Disclosure Booklet available at www.collegechoiceadvisor529.com for complete information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- You must allocate at least 1% of your contributions to each Investment Option that you choose.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

Please select only one Unit Class (Required): Class A Class C

Year of Enrollment Portfolio: Designed to allow you to select a Portfolio based upon the Beneficiary’s anticipated year of enrollment at an Eligible Educational Institution. The asset allocation of these Portfolios is automatically adjusted over time to become more conservative.

2040 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2037 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2034 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2031 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2028 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
2025 Enrollment Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
College Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Individual Portfolios: The assets will remain in the Portfolio(s) until you exchange them into a new Investment Option.

TIPS Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Core Bond Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
PIMCO Total Return Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Vanguard Equity Income Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Large Cap Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
T. Rowe Price Large Cap Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Mid Cap Equity Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Diamond Hill Small-Mid Cap Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Small Cap Equity Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
International Equity Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
American Funds EuroPacific Growth Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Emerging Markets Equity Index Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Savings Portfolio* and Capital Preservation

Portfolio: The assets will remain in the Portfolio until you exchange them into a new Investment Option.

Savings Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%
Capital Preservation Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	%

Total %

* Savings Portfolio Class A and Class C are only administrative classifications and do not incur front-end sales charges, contingent-deferred sales charges, nor annual trail commissions. See the Disclosure Booklet for more information.

11. Signature—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in CollegeChoice Advisor. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Booklet. I understand that by signing this **Enrollment Form**, I am agreeing to be bound by the terms and conditions of the Disclosure Booklet. I understand that the **Enrollment Form** shall be construed, governed by, and interpreted in accordance with the laws of the State of Indiana.
- Except as set forth below, I understand that the Disclosure Booklet and **Enrollment Form** constitute the entire agreement between myself and the Trust (*as defined in the Disclosure Booklet*). No person is authorized to make an oral modification to this agreement.
- I understand that my Account in CollegeChoice Advisor is not insured by the State of Indiana or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Indiana, the Authority or any other governmental entity, the Trust, the Program Manager, the Investment Managers, or any of their affiliates (*each, as defined in the Disclosure Booklet*). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in CollegeChoice Advisor that is insured by the Federal Deposit Insurance Corporation ("FDIC"), up to limits set by the FDIC. I understand that there is no assurance that my Account under CollegeChoice Advisor will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (*except for the Savings Portfolio as described in the Disclosure Booklet*).
- If I have chosen the recurring contribution or EFT option, I authorize the Program Manager, 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 9**. I authorize the bank to accept any such credits or debits to my account without responsibility for their accuracy. I further agree that the Plan Officials (*as defined in the Disclosure Booklet*) 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 CollegeChoice Advisor and the bank by telephone or in writing, and that the termination request will be effective as soon as CollegeChoice Advisor and the bank have 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 9**.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in CollegeChoice Advisor and in any other Qualified Tuition Program offered by the State of Indiana on behalf of the Beneficiary designated in **Section 3** of this **Enrollment Form** to exceed the Maximum Account Balance established by the Authority are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor, as applicable.
- **I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in the General Information section of the Disclosure Booklet.**
- I understand that by signing the **Enrollment Form**, I authorize Ascensus College Savings Recordkeeping Services, Inc. to provide my Financial Professional with access to my Account and perform transactions on my behalf. I agree to hold harmless the Plan Officials (*as defined in the Disclosure Booklet*), from any losses I incur as a result of the acts or omissions of my Financial Professional.
- I certify that all of the information that I provided on this **Enrollment Form** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern CollegeChoice Advisor.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account, and that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the Plan Officials from any third party claims relating to my actions.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 3**. I agree to promptly inform CollegeChoice Advisor in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that CollegeChoice Advisor has the right to terminate the entity's participation in CollegeChoice Advisor if it has reasonable grounds to believe that any of the foregoing certifications are untrue.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

12. Additional Information *(Optional)*

It's important that CollegeChoice Advisor meets the needs of Indiana residents. By supplying us with the following information, the Authority can understand how the Plan is being used. Your individual information will not be shared with any other party and will only be seen by the Authority and its service providers, including the Program Manager. Also, it will not be used on an individual basis *(so your anonymity will be protected)*. Thank you!

How did you hear about CollegeChoice Advisor? *(Select One.)*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Television |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School Event | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Professional | <input type="checkbox"/> Uprise Website | <input type="checkbox"/> Direct Mail | <input type="checkbox"/> E-Mail |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Mailing | <input type="checkbox"/> Treasurer's Website | <input type="checkbox"/> Other |

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelors degree |
| <input type="checkbox"/> Associates degree | <input type="checkbox"/> Masters degree | <input type="checkbox"/> Professional degree | <input type="checkbox"/> Doctorate degree |

Race *(Select Any That Apply.)*

- | | | | |
|--|--------------------------------|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | | |