CollegeChoice Advisor 529 Savings Plan

Contribution at Portfolio Unit Value Form

CollegeChoice**Advisor**
529 SAVINGS PLAN

- Please complete this form along with the **Enrollment Form** if you qualify for a Class A Unit sales charge waiver as defined in the CollegeChoice Advisor 529 Savings Plan Disclosure Statement. If you are rolling assets from another 529 plan or Coverdell ESA, you must also complete the **Incoming Rollover Form**.
- 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 address below. Do not staple.

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. to 8 p.m. Eastern time.

Mail this form and any other required documents to:

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

For overnight delivery or registered mail, send to:

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

1. How to invest in CollegeChoice Advisor 529 Savings Plan at Portfolio Unit Value

Please complete this load-waived Class A Form and attach it to your completed CollegeChoice Advisor **Enrollment Form.**

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

Mailing Address

City | State | Zip Code

Financial Advisor Name *(first, middle initial, last)*

Firm Name

Firm Address

Telephone Number *(In case we have a question about your Account.)*

2. SIGNATURE — MUST SIGN BELOW

I hereby certify that the enclosed **Enrollment Form** is for a CollegeChoice Advisor Account for myself, spouse, parent, legal guardian, child, stepchild, sibling, father- or mother-in-law, or employee-employer.

SIGNATURE
Financial Advisor Signature

Date *(mm/dd/yyyy)*

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