

2. Options

- Contributions by AIP or EFT will be unavailable for distribution for ten calendar days.

A. **AIP.** You can transfer money from your bank account to your CollegeChoice Advisor Account on a set schedule.

- Add this option to my Account. *(Provide the information below and in **Section 2c.**)*
- 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 2c.**)*
- 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 CollegeChoice Advisor 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 of the applicable month. See the CollegeChoice Advisor Disclosure Statement (Disclosure Statement) for further information.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: \$

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of the Plan and will also count toward annual federal gift tax exclusion limits.

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 CollegeChoice Advisor Account at any time simply by calling us or requesting a transfer online. The maximum contribution for a one-time EFT is \$120,000.

Add Change Delete

C. **Bank 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 non-bank financial companies cannot be used.

Important: Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, 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.

3. 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 Disclosure Statement*) and Ascensus Investment Advisors, LLC., 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 2c**. 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. and Indiana law. I further agree that the Plan Officials (*as defined in the 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 Ascensus Investment Advisors, LLC., 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 2c**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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