CollegeChoice Advisor 529 Savings Plan

Automatic Investment Plan/ Electronic Funds Transfer Form

CollegeChoice Advisor

- 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 and/or withdrawals by electronic transfer to or from a bank. Complete and submit a separate form for each Account you
 own in the CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor).
- You can start, change, or stop Automatic Investment Plan (AIP) and Electronic Funds Transfers (EFT) by accessing your Account online at www.collegechoiceadvisor529.com.
- 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.

Return 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

Account information
Account Number
Name of Account Owner (first, middle initial, last)
Telephone Number
Name of Beneficiary (first, middle initial, last)

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 offere 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 companincluding 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 Saving.

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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