

Indiana529 Advisor Savings Plan Enrollment Form

Indiana529

Advisor Savings Plan

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

Use this form to enroll in Indiana529 Advisor Savings Plan (Indiana529 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 defined have the same meaning as those terms in the Indiana529 Advisor Savings Plan Disclosure Booklet (Disclosure Booklet). Forms can be downloaded from our website at www.indiana529advisor.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. E.T.

Return this form and any other required documents to:

Indiana529 Advisor Savings Plan
P.O. Box 219354
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

Indiana529 Advisor Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Type *(Choose one.)*

- ☐ **Individual Account.** I am opening a new Indiana529 Advisor 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 the Trustee Certification Form, supporting documents substantiating the status of the trust Account, and 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 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.)*



* I N A D V E N R O L L *

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Primary Telephone Number **(Required)**

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

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

[illegible]

- -
 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:

[illegible]

Mailing Address

[illegible]

City

State

Zip Code

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

Higher Education. Saving for qualified higher education expenses at any eligible post-secondary school or program.

☐ **K-12 Tuition.** 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.** Saving for both Qualified Expenses and K-12 Tuition.

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 or Disability.
- 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.

[illegible]

Legal Name (First name)/or Trust Name (Required)

[illegible]Legal Name (Last name)/or Remaining Trust Name **(Required)**

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

5. Financial Professional Information *(To be completed by the Financial Professional.)*

Firm Name

Financial Professional Name (first, middle initial, last)

Branch Number (if applicable)

Financial Professional ID Number

BIN Number (if applicable)

Matrix Level

Mailing Address

City

State

Zip Code

Telephone Number

Email Address

Authority to Financial Professional

By signing below, I certify that I am the Financial Professional to the Account Owner named in Section 2 above and that the information provided in this Section 5 is true and correct and that Ascensus College Savings Recordkeeping Services, LLC. and its affiliates may rely on it in administering this Account for so long as the Financial Professional's firm maintains a Selling Dealer Agreement with Ascensus Broker Dealer Services, LLC with regard to the Plan.

SIGNATURE

Financial Professional Authorized Signature **(Required)**

Date (mm/dd/yyyy)

6. Sales Charge Waiver (Optional)

- To qualify for a sales charge reduction, you must notify the Plan.
- Check all that apply.

A. ☐ **Fee-based Account.** Check this box if you are investing in Indiana529 Advisor through a fee-based arrangement with your Financial Professional that will enable you to purchase your investment in the Plan at the 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

- | | | | | | |
|--------------------------------------|-------------------------------------|---|---|--|---------------------------------|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse | <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Child | <input type="checkbox"/> Officer, Director, or Trustee | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Dependent of the Person | <input type="checkbox"/> Employer Sponsored Plan (Payroll Direct Deposit) | | |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Stepchild | <input type="checkbox"/> Father- or Mother-in-law | | | |

C. ☐ **Rights of Accumulation (ROA).** Check this box if a family member owns Units in Indiana529 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 section, you designate the person identified below as your Trusted Contact Person for all of you Beneficiaries, and authorize the Indiana529 Advisor and its present and future direct or indirect subsidiaries, affiliates, and successors to contact your Trusted Contact Person and disclose information about your 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 Disclosure Booklet available at www.indiana529advisor.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

☐ Class I

Year of Enrollment Portfolio: Designed to allow you to select a Portfolio based upon the Beneficiary's anticipated year of enrollment. The asset allocation of these Portfolios is automatically adjusted to become more conservative.

2043 Enrollment Portfolio

 %

2040 Enrollment Portfolio

 %

2037 Enrollment Portfolio

 %

2034 Enrollment Portfolio

 %

2031 Enrollment Portfolio

 %

2028 Enrollment Portfolio

 %

College Portfolio

 %

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

TIPS Index Portfolio

 %

Core Bond Index Portfolio

 %

PIMCO Total Return Portfolio

 %

Vanguard Equity Income Portfolio

 %

Large Cap Index Portfolio

 %

T. Rowe Price Large Cap Growth Portfolio

 %

Mid Cap Equity Index Portfolio

 %

Diamond Hill Small-Mid Cap Portfolio

 %

Small Cap Equity Index Portfolio

 %

International Equity Index Portfolio

 %

American Funds EuroPacific Growth Portfolio

 %

Emerging Markets Equity Index Portfolio

 %

Savings Portfolio* and Capital Preservation

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

Savings Portfolio

 %

Capital Preservation Portfolio

 %

Total **1 0 0** %

* 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.

9. Contribution Method

- Your minimum initial contribution must be at least \$25.
- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source (except payroll direct deposit) will not be available for withdrawal for seven (7) business days.

Source of funds (Check all that apply.)

A. ☐ **Personal check.**

Important: All checks must be payable to **Indiana529 Advisor Savings Plan.**

\$, .

Amount

B. ☐ **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 9**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$, .

Amount (\$25 minimum)

C. ☐ **Recurring Contributions.** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Indiana529 Advisor Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.indiana529advisor.com** or by calling **1.866.485.9413**.

Important: To set up this option, you must provide bank information in **Section 10**.

Amount of Debit: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$250 ☐ Other \$.

Frequency (Select 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 Indiana529 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 Disclosure Booklet for further information.

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

Amount of increase: \$, . 0 0

Month:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

D. ☐ **Bank Information.** *(Required to establish the Recurring Contributions or EFT service.)*

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adhere to U.S. banking regulations.

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.

Bank Name

Bank Routing Number

Bank Account Number

Account Type ☐*(Check One.)*
☐

Checking

☐

Savings

E. ☐ **Rollover from another 529 plan or Coverdell Education Savings Account to an Indiana529 Advisor Account.** Complete and include an **Incoming Rollover Form**, available online at www.indiana529advisor.com or by calling **1.866.485.9413**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months. Please see the Disclosure Booklet for more information.F. ☐ **Indirect Rollover.** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 calendar days. You must provide supporting documentation from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

Note: In order to claim the state tax credit associated with a bond redemption, you must contact a Client Service Representative at **1-866-485-9413** to inform us of the redemption.

\$ Principal *(Basis)*\$

Earnings

G. ☐ **Transfer from an existing Indiana529 Advisor Account.** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form**.
 6 2 —

Account Number

H. ☐ **Payroll Direct Deposit.** If you want to make contributions to your Indiana529 Advisor Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Account until you have received a **Payroll Direct Deposit Confirmation Form** from us, provided your signature and Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Indiana529 Advisor Accounts.\$ Amount of Payroll Direct Deposit each pay period *(\$25 minimum)*

11. Signature — YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in Indiana529 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. No person is authorized to make an oral modification to this agreement.
- I understand that my Account in Indiana529 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. Notwithstanding the foregoing, the Savings Portfolio is the only investment option in Indiana529 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 Indiana529 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 to contribute by Recurring Contribution or EFT, 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 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 Indiana529 Advisor and the bank by telephone or in writing, and that the termination request will be effective as soon as Indiana529 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 Indiana529 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 Indiana529 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 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 Indiana529 Advisor in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Indiana529 Advisor has the right to terminate the entity's participation in Indiana529 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 Indiana529 Advisor meets the needs of Indiana residents. By supplying us with the following information, the Authority can understand how 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 Indiana529 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"/> Upromise 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"/> Bachelor's degree |
| <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Master's 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 | | |