

Indiana529 Advisor Savings Plan Contribution at Portfolio Unit Value Form



- Please complete this form along with the **Enrollment Form** if you qualify for a Class A Unit sales charge waiver as defined in the Indiana529 Advisor 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.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. to 8 p.m. E.T.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:
Indiana529 Advisor Savings Plan	Indiana529 Advisor Savings Plan
P.O. Box 219354	1001 E 101st Terrace, Suite 200
Kansas City, MO 64121	Kansas City, MO 64131

1. How to invest in Indiana529 Advisor Savings Plan at Portfolio Unit Value

Please complete this load-waived Class A Form and attach it to your completed Indiana529 Advisor **Enrollment Form**.

Account Owner Name (first, middle initial, last)

Account Owner Name (first, middle initial, last)

Mailing Address

Mailing Address

City State Zip Code

City

State

Zip Code

Financial Advisor Name (first, middle initial, last)

Financial Advisor Name (first, middle initial, last)

Firm Name

Firm Name

Firm Address

Firm Address

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

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 Indiana529 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)

Date (mm/dd/yyyy)

