Indiana529 Advisor Savings Plan

Indiana*529*

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:

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

Account Owner Name (first, middle initial, last) Mailing Address City State Zip Code Financial Advisor Name (first, middle initial, last) Firm Name Telephone Number (In case we have a question about your Account.) SIGNATURE — MUST SIGN BELOW I hereby certify that the enclosed Enrollment Form is for a Indiana529 Advisor Account for myself, spouse, parent, legal guardian, c stepchild, sibling, father- or mother-in-law, or employee-employer.																																	
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