

Indiana529

- Complete this form to start, change, or stop a recurring contribution 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 Indiana529 Advisor Savings Plan (Indiana529 Advisor).
- You can start, change, or stop Recurring Contribution and Electronic Funds Transfers (EFT) by accessing your Account online at **www.indiana529advisor.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.

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

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Account Number

[illegible]

Name of Account Owner (first, middle initial, last)

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Telephone Number

[illegible]

Name of Beneficiary (first, middle initial, last)



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

☐ 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: \$, . 0 0

Frequency **(Check one)**: ☐ Monthly (\$25 minimum) ☐ Quarterly (\$75 minimum)

Start Date:* - -
Date (mm/dd/yyyy)

☐ **Annual Increase.** You may increase your Recurring 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: \$, . 0 0

Month:**

- 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 Indiana529 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 ☐ Delete

C. **Bank information.** Recurring Contribution 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.

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- This bank account information will be available across all Beneficiaries within the same account string.
- Recurring Contributions 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: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

□ □ □ □ □ □ □ □ □ □

Bank Routing Number

□ □ □ □ □ □ □ □ □ □ □ □

Bank Account Number

Account Type: ☐ 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 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 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 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

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Date (mm/dd/yyyy)

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Advisor Savings Plan

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