CollegeChoice 529 Direct Savings Plan Beneficiary Change Form



- Complete this form if you are transferring to a new Beneficiary all or part of the balance in the Account of your current Beneficiary.
- 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.

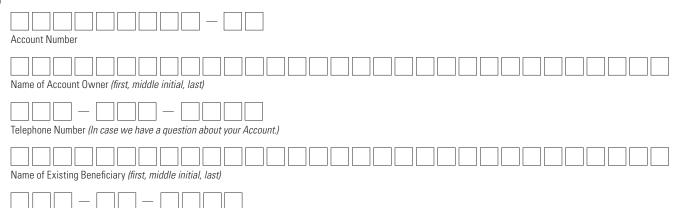
Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the CollegeChoice 529 Direct Savings Plan Disclosure Statement (Disclosure Statement). If the new Beneficiary is not an eligible family member, the change will be considered a non-qualified distribution, which means that it may be subject to both Indiana state and federal income tax and a 10% federal penalty tax on any earnings.

Forms can be downloaded from our website at **www.collegechoicedirect.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: CollegeChoice 529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 For overnight delivery or registered mail, send to:

CollegeChoice 529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Current account information



Beneficiary Social Security Number or Taxpayer Identification Number (Required)



1

DO NOT STAPLE

2.

New	/ Beneficia	ry information							
Name o	of New Beneficiar	y (first, middle initial, last)							
Social S	Security Number o	or Taxpayer Identification Number	(Required)		Birth Date (mm/dd/yyyy)				
Citizens	ship <i>(If other than</i>	U.S. citizen, please indicate cour	try of citizenship.)						
Туре	of savings account								
	Higher Education. Saving for qualified higher education expenses at any eligible post-secondary school.								
		ittion Expenses. Saving fo ary public, private or religiou		ection with enrolln	nent or attendance at an elementary or				
	Higher Education & K-12 Tuition Expenses. Saving for both qualified higher education expenses and K-12 tuition expenses								
	Please note, i	if you are transferring to an	existing account, your savi	ngs goal selection	will be applied if it does not currently exist.				
Tran	sfer amour	nt (Check and complete Sec	ction 3a or 3b.)						
A.	Entire balance. CollegeChoice 529 Direct Savings Plan (CollegeChoice 529) will change the Beneficiary on your Account and will assign you a new Account number if you do not already have an Account for the new Beneficiary. Once the transfer is completed, the old Account will be closed.								
	Do you already have an Account for the new Beneficiary? <i>(Check one.)</i>								
	Yes.	Account Number		_	go directly to Section 7.				
	No.	Complete all remaini	ng sections.						
В.		ance. CollegeChoice 529 w you specify below will be t	•		iary's Account open. The dollar amount or				
	Note: If the current Account includes more than one Investment Option, the dollar amount or percentage will be taken on a proportional basis from each Investment Option.								
	\$		OR	Percenta] % ge				
	Do you already have an Account for the new Beneficiary? (Check one.)								
	Yes.	Account Number		lf yes,	go directly to Section 7.				
	No. Complete all remaining sections.								
	Note: If the	-	-	contribution limit	, the excess will remain in the existing				
	ACCOUNT 101	your current denencialy.							

Important: If you have already established an Account for the new Beneficiary and provided the Account number above, proceed directly to **Section 7**. Otherwise, complete all remaining sections.

DO NOT STAPLE

Investment option selection (Check only one box.)

 Before choosing your Investment Option, see the Disclosure Statement (available at www.collegechoicedirect.com) for complete information about the Investment Options offered.



I want to keep the same investment allocation for my new Beneficiary.

Note: If you are invested in a Year of Enrollment Portfolio and the new Beneficiary is in a different age bracket than the former Beneficiary, your asset allocation may change.



I want to establish a new investment allocation as listed below.

Note: See the Disclosure Statement (available at www.collegechoicedirect.com) for complete information on the Investment Options you are considering.

Year of Enrollment Portfolios:

The asset allocation of money invested in the Year of Enrollment Portfolios is automatically adjusted over time to become more conservative as the Beneficiary approaches enrollment.

2042 Enrollment Portfolio	<u>%</u>
2039 Enrollment Portfolio	<u>%</u>
2036 Enrollment Portfolio	<u>%</u>
2033 Enrollment Portfolio	<u>%</u>
2030 Enrollment Portfolio	<u>%</u>
2027 Enrollment Portfolio	<u>%</u>
2024 Enrollment Portfolio	<u>%</u>
College Portfolio	%

Individual Portfolios:

The assets will remain in the portfolio you select until you exchange them into a new investment option.

Active U.S. Equity Portfolio	<u>%</u>
US Equity Index Portfolio	<u>%</u>
Active International Equity Portfolio	%
International Equity Index Portfolio	%
Active Bond Portfolio	%
Bond Index Portfolio	%
Inflation-Protected Portfolio	<u>%</u>

Savings Portfolios:

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

Stable Value Portfolio % Savings Portfolio



Successor Account Owner information (Optional)

- The Successor Account Owner will take over control of the Account in the event of your death or legal incompentence.
- The person you designate as Successor Account Owner must be at least 18 years old.
- To change an existing Successor Account Owner, please go online at www.collegechoicedirect.com or call 1.866.485.9415. ٠
- You may revoke or change the Successor Account Owner at any time. See the Disclosure Statement for more information.

I want to have the same Successor Account Owner for the new Beneficiary.

Recurring contribution (Optional)

Through recurring contribution, you can have funds transferred electronically — on a regular basis — from your bank, savings and loan, or credit union account to your CollegeChoice 529 Account. Your contribution will be credited to your CollegeChoice 529 Account on the business day before it is debited from your bank account. You may add, change or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at www.collegechoicedirect.com.

I would like to continue my existing recurring contribution for the new Beneficiary.

6.

DO NOT STAPLE

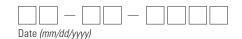
7. SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in CollegeChoice 529. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Statement. I understand that by signing this Beneficiary Change Form, I am agreeing to be bound by the terms and conditions of the Disclosure Statement. I understand that this Beneficiary Change 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 Statement and Enrollment Form and Beneficiary Change Form constitute the entire agreement between myself and the Trust (as defined in the Disclosure Statement). No person is authorized to make an oral modification to this agreement.
- I understand that my Account in CollegeChoice 529 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 (each, as defined in the Disclosure Statement). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in CollegeChoice 529 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 CollegeChoice 529 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 Statement).
- I understand that I cannot make contributions that exceed the Maximum Account Balance established by CollegeChoice 529. I also understand that, for purposes of determining the Maximum Account Balance, contributions to my Account will be combined with contributions to any other State of Indiana offered 529 plan Account held for the benefit of the Beneficiary designated in Section 2 of this Beneficiary Change Form. 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 Provisions section of the Disclosure Statement.
- If I am opening an Account using the services of a Financial Advisor (as defined in the Disclosure Statement), I understand by signing this Beneficiary Change Form, I am authorizing Ascensus Investment Advisors, LLC. to provide my Financial Advisor with access to my Account and perform transactions on my behalf. I agree to hold harmless CollegeChoice 529, the State of Indiana, Ascensus Investment Advisors, LLC., the Plan Officials (as defined in the Disclosure Statement), and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Financial Advisor.
- I certify that all of the information that I provided on this Beneficiary Change 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 CollegeChoice 529.

4

SIGNATURE		
Signature of Account Owner		



CollegeChoice 529*
