

## CollegeChoice 529 Direct Savings Plan Enrollment Form

**CollegeChoice 529\***  
DIRECT SAVINGS PLAN

### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

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.

Forms can be downloaded from our website at [www.collegechoicedirect.com](http://www.collegechoicedirect.com), or you can call us to order any form — or request assistance in completing this form — at **866-485-9415** any business day from 8 a.m. - 8 p.m. Eastern time.



**866-485-9415**

8 a.m. to 8 p.m. Eastern time



**[www.collegechoicedirect.com](http://www.collegechoicedirect.com)**

Regular mailing address:

**CollegeChoice 529 Direct Savings Plan  
PO Box 219418  
Kansas City, MO 64121**

Overnight mailing address:

**CollegeChoice 529 Direct Savings Plan  
920 Main Street, Suite 900  
Kansas City, MO 64105**

### 1 Account Type *(Choose one.)*

- Individual Account.** I am opening a new CollegeChoice 529 Direct Savings Plan 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 supporting documents substantiating the status of the Trust Account, and the authorization of 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 authorization of the establishment of the authorized signer. We may also request additional information from you.)*



\* IN DIR ENROLL \*

**2a Account Owner Information** *(The Account Owner is the person or entity who owns the account. This person must be at least 18 years old.)*

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

Legal Name (Last name) (Required)

If the Account Owner is a Business Entity/Trust/Government Entity enter Business Entity/Trust/Government Entity name

Social Security or Taxpayer Identification Number (Required)

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

Primary Telephone Number

Secondary Telephone Number

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Email Address

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all account mailings.)

City State Zip Code

**2b Business Entity/Trust/Estate**

Name of Trustee 1/Authorized Signer Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

Name of Trustee 2/Authorized Signer Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

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

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

Legal Name (Last name) (Required)

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:

Mailing Address

City

State

Zip Code

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

- Higher Education. Saving for qualified higher education expenses at any eligible post-secondary school.
K-12 Tuition Expenses. 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 Expenses. Saving for both qualified higher education expenses and K-12 tuition expenses.

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.
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 CollegeChoice 529 Direct Savings Plan Disclosure Statement for more information.

Legal Name (First name)/or Trust Name (m.i.)

Legal Name (Last name)/or Remaining Trust Name

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



### 6 Trusted Contact Person Information

- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize CollegeChoice 529 Direct Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns CollegeChoice 529 Direct Savings Plan to contact your Trusted Contact Person and disclose information about your Plan 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. You may add, change or remove your Trusted Contact Person by using this form.

Add     Remove     Change

Name of Trusted Contact Person (first, middle initial, last)

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Secondary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

-   
Zip Code

#### Relationship to Account Owner.

(e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

## 7 Investment Option Selection *(Required)*

- Before choosing your Investment Option(s), please read the CollegeChoice 529 Direct Savings Plan Program Description available at [www.collegechoicedirect.com](http://www.collegechoicedirect.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.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

**Year of Enrollment Portfolios:** Your contributions will be invested in the appropriate portfolio based on the age of the Beneficiary. As your Beneficiary gets older, your assets will automatically move to a progressively more conservative portfolio.

2036 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2033 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2030 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2027 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2024 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2021 Enrollment Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
College Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

**Individual Portfolios:** The assets will remain in your selected portfolio(s) until you update your Investment Option.

US Equity Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
International Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Active Bond Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Inflation-Protected Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Bond Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

**Savings Portfolios:** The assets will remain in your selected portfolio(s) until you update your Investment Option. You may select one or more of the single-fund portfolios to create your own customized investment.

Stable Value Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Savings Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Total	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	%
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### 10 Dollar Cost Averaging (Optional)

Dollar-cost averaging allows you to exchange from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start dollar-cost averaging you must designate a minimum of \$5,000 to be exchanged from one Investment Option to one or more Investment Options on a pre-scheduled basis. The Source Portfolio must have a minimum of \$5,000 in assets to start dollar-cost averaging.
- Your entire initial deposit does not need to be included in the dollar-cost averaging.
- You must designate a minimum of \$500 for each monthly or quarterly scheduled exchange.
- Creating a dollar-cost averaging at the time of enrollment will **NOT** count towards your twice per calendar year Investment Option change limit. To start dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established dollar-cost averaging it will count towards your twice per calendar year Investment Option change limit.

**Frequency** (Select one.):  **Monthly**  **Quarterly** (Based on established date, not calendar quarter.)

**Amount:** \$    ,    .     
Amount

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

\* The Program must receive instructions at least three business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 10th day of the month.

**Stop Type** (Select one.):

**Stop Date**   -   -      
Date (mm/dd/yyyy)

**When total amount of Reallocation equals:** \$    ,    .     
Amount (\$5,000.00 minimum)

**When Complete Balance of the "Source Portfolio" Investment Option is depleted.**

**Source Portfolio\*\*:**

**Target Portfolio:**

**\$**    ,    .     
Investment Option Dollar Amount (\$500 Minimum)

**\$**    ,    .     
Investment Option Dollar Amount (\$500 Minimum)

**\$**    ,    .     
Investment Option Dollar Amount (\$500 Minimum)

\*\* The Source Portfolio and/or Target Portfolio cannot be the Savings Portfolio.

## 11 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 **Enrollment Form**, I am agreeing to be bound by the terms and conditions of the Disclosure Statement. 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 Statement and **Enrollment 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*).
- If I have chosen the recurring contribution or EFT option, I authorize the Program Manager and Ascensus Broker Dealer Services, 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 9**. I authorize the bank to accept any such credits or debits to my account without responsibility for their accuracy. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the Plan Officials (*as defined in the Disclosure Statement*) 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 CollegeChoice 529 and the bank by telephone or in writing, and that the termination request will be effective as soon as CollegeChoice 529 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 CollegeChoice 529 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.
- **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, I understand that by signing this **Enrollment Form**, I am authorizing Ascensus Broker Dealer Services, LLC, to allow my Financial Advisor to have access to my Account and to perform transactions on my behalf. I agree to hold harmless CollegeChoice 529, the State of Indiana, Ascensus Broker Dealer Services, 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 **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 CollegeChoice 529.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

**12 About yourself** *(Optional)*

It's important that the CollegeChoice 529 Direct Savings Plan meets the needs of Indiana residents. By supplying us with the following information, the Indiana Education Savings Authority can understand how the 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 be rolled up as a total and not used on an individual basis *(so your anonymity will be protected)*. Thank you!

**Income level** *(Select One.)*

- \$0–\$24,999     
  \$25,000–\$49,999     
  \$50,000–\$74,999     
  \$75,000–\$99,999  
 \$100,000 +

**Race** *(Select One.)*

- Caucasian     
  Asian     
  African American or Black     
  Hispanic or Latino  
*(of any race)*  
 Native American     
  Other

**Educational level** *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- Some high school     
  High school degree     
  Some college     
  Associates degree  
 Bachelors degree     
  Masters degree     
  Professional degree     
  Doctorate degree

**13 Additional information** *(Optional)*

How did you hear about the Plan? *(Select one.)*

- Direct mail     
  Email     
  Newspaper/magazine article     
  Print ad  
 Online ad     
  Friend or relative     
  Advisor     
  Employer  
 TV     
  Radio     
  Upromise website     
  Event  
 Other

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