Indiana529 Direct Savings Plan

Indiana*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 Indiana529 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.indiana529direct.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. E.T.

Return this form and any other required documents to:

nents to.

For overnight delivery or registered mail, send to:

Indiana529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121 Indiana529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

1.	Current account information
	Account Number
	Name of Account Owner (first, middle initial, last)
	Telephone Number (In case we have a question about your Account.)
	Name of Existing Beneficiary (first, middle initial, last)
	Reneficiary Social Security Number or Taynayer Identification Number (Required)

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Do you already have an Account for the new Beneficiary? (Check one.)																					
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proceed directly to **Section 7**. Otherwise, complete all remaining sections..

4.

Investment option selection (Check only one box.)									
 Before choosing your Investment Option, see the Disclosure Statement (available at www.indiana529direct.com) for complete information about the Investment Options offered. 									
A. I want to keep the same investment allocation for my new Beneficial	ry.								
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.									
B. I want to establish a new investment allocation as listed below.									
Note: See the Disclosure Statement (available at www.indiana529direct.com you are considering.	r) for complete information on the Investment Options								
Year of Enrollment Portfolios:									
The asset allocation of money invested in the Year of Enrollment Portfolios is aut conservative as the Beneficiary approaches enrollment.	omatically adjusted over time to become more								
2042 Enrollment Portfolio	%								
2039 Enrollment Portfolio	<u> </u>								
2036 Enrollment Portfolio	%								
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	%								
US Equity Index Portfolio	<u> </u>								
Active International Equity Portfolio	<u> </u>								
International Equity Index Portfolio	<u> </u>								
Active Bond Portfolio	<u> </u>								
Bond Index Portfolio	<u> </u>								
Inflation-Protected Portfolio	%								
Savings Portfolios:									
The assets will remain in the Portfolio(s) until you exchange them into a new Investigation	estment Option.								
Stable Value Portfolio	\ \ \ \ \ \ \ \ \ \ \ \ \ \								
Savings Portfolio	\[\text{\begin{align*} \text{\begin{align*} \								
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5. 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.indiana529direct.com or call 1.866.485.9415.
- 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	Beneficia	ry

6. 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 Indiana529 Account. Your contribution will be credited to your Indiana529 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.indiana529direct.com.**

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

7. SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in Indiana529. 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 Indiana529 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 Indiana529 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 Indiana529 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 Indiana529. 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 Indiana529, 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 Indiana529.

SIGNATURE	Signature of Account Owner	Date (mm/dd/yyyy)
	LSIGNATURE	

