

Indiana529 Direct Savings Plan Enrollment Form

Indiana529**Direct Savings Plan****IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.**

Use this form to enroll in Indiana529 Direct Savings Plan (Indiana529 or the Plan). 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.

Terms used in the Form not otherwise defined have the same meaning as those terms in the Indiana529 Direct Savings Plan Disclosure Booklet (Disclosure Booklet). 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. Eastern time.

Return this form and any other required documents to:

Indiana529 Direct Savings Plan
P.O. Box 219418
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

Indiana529 Direct Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Type *(Choose one.)*

- ☐ **Individual Account.** I am opening a new Indiana529 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 the Trustee Certification Form, supporting documents substantiating the status of the trust Account, and 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 establishment of the authorized signer. We may also request additional information from you.)*



* I N D I R E N R O L L *

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

Legal Name (Last name) **(Required)**

Business Entity/Trust/Government Entity name *(Required only if the Account Owner is a Business Entity/Trust/Government Entity)*

– –
 Social Security or Taxpayer Identification Number **(Required)**

– –
 Birth Date/Trust Establishment Date (mm/dd/yyyy) **(Required)**

□□□ — □□□ — □□□□
Home/Evening Telephone Number **(Required)**

□□□ – □□□ – □□□□
Work/Day 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)**

—

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

—

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

- -
 Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number **(Required)**

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

- -
 Social Security Number or Taxpayer Identification Number **(Required)**

Primary Telephone Number **(Required)**

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:

[illegible]

Mailing Address

[illegible]

City

State

Zip Code

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

Higher Education. Saving for qualified expenses at an eligible post-secondary school or program.

☐ **K-12 Tuition.** 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.** Saving for both qualified expenses at an eligible post-secondary school or program and K-12 Tuition.

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 Disclosure Booklet for more information.

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

[illegible]

Legal Name (Last name) (Required)

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

5. A. Registered Investment Advisor (RIA) Information

Complete the information below if you want to add an RIA to your Account.

- If you already have an established Account with an RIA and you are electing a new RIA on this form, all of your Accounts will be updated with the information you list below.
- To be completed by the financial professional:

Name of RIA (first, middle initial, last)

Firm Name (if applicable)

IARD Number

Mailing Address

City

State

Zip Code

Telephone Number

B. Authorization Level

NOTICE: UNLESS YOU LIMIT THE POWER IN THIS DOCUMENT, THIS DOCUMENT GIVES YOUR AGENT THE POWER TO ACT FOR YOU, WITHOUT YOUR CONSENT, IN ANY WAY THAT YOU COULD ACT FOR YOURSELF. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. FOR LIMITED POWERS OF ATTORNEY SUBJECT TO INDIANA LAW, THEY ARE EXPLAINED IN ARTICLE 5 OF TITLE 30 OF THE INDIANA CODE. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (AGENT) LIMITED POWERS TO HANDLE YOUR ACCOUNTS WITH THE INDIANA529, WHICH MAY INCLUDE POWERS TO MAKE INVESTMENT DECISIONS, CONTRIBUTIONS, WITHDRAWALS, AND TAKE OTHER ACTION IN CONNECTION WITH YOUR ACCOUNT(S) WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU. THIS FORM DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS; BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THE PROVISIONS OF THIS FORM AND APPLICABLE STATE LAW AND MUST KEEP COMPLETE RECORDS OF ALL TRANSACTIONS ENTERED INTO AS YOUR AGENT UNTIL YOU REVOKE THIS POWER OF ATTORNEY OR A COURT ACTING ON YOUR BEHALF TERMINATES IT. YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME DISABLED.

YOU MAY HAVE OTHER RIGHTS OR POWERS UNDER APPLICABLE STATE LAW NOT SPECIFIED IN THIS FORM.

I, the Account Owner listed in **Section 2**, appoint the RIA and their firm listed in **Section 5** to act on my behalf as indicated below (please initial the appropriate level of access).

INITIALS

Level 1 — Account Inquiry Access. To obtain information about my Account and receive duplicate Account statements from the Plan.*

INITIALS

Level 2 — Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account and receive duplicate Account statements from the Plan. To contribute money to my Account and to move money among Investment Options within my Account.*

INITIALS

Level 3 — Account Inquiry Access, Contributions, Exchanges, and Disbursements. To obtain information about my Account and receive duplicate Account statements from the Plan. To contribute money to my Account and to move money among Investment Options within my Account. To withdraw, now or in the future, money from my Account.*

* The authority granted herein is limited to the level of authority specified above. The RIA and their firm listed above shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account,
- Adding, deleting, or changing any banking information with respect to my Account,
- Changing the Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new Account on my behalf, or
- Transferring assets to a new Account.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 2** OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

SIGNATURE

Signature of RIA

□□ — □□ — □□□□
Date (mm/dd/yyyy)

6. Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your Beneficiaries, and authorize the Indiana529 and its present and future direct or indirect subsidiaries, affiliates, and successors to contact your Trusted Contact Person and disclose information about your 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 section 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.

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[illegible][illegible]

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Relationship to Account Owner.

- ☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

7. Investment Option Selection *(Required)*

- Before choosing your Investment Option(s), please read the Disclosure Booklet available at www.indiana529direct.com for complete information about the Investment Options offered by Indiana529.
- 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.
- Your total Investment Option percentages must equal **100%**.

Year of Enrollment Portfolio: Designed to allow you to select a Portfolio based upon the Beneficiary's anticipated year of enrollment. The asset allocation of these Portfolios is automatically adjusted to become more conservative over time.

2042 Enrollment Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
2039 Enrollment Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
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"/> %
College Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

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

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

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

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

Total %

8. Contribution Method

- Your minimum initial contribution must be at least \$10.
- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source (except payroll direct deposit) will not be available for withdrawal for seven (7) business days.

Source of funds (Check all that apply.)

A. ☐ **Personal check.**

Important: All checks must be payable to **Indiana529 Direct Savings Plan.**

\$, .
Amount

- B. ☐ **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 8**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$, .
Amount (\$25 minimum)

- C. ☐ **Recurring Contributions.** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Indiana529 Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.indiana529direct.com** or by calling **1.866.485.9415**.

Important: To set up this option, you must provide bank information in **Section 8**.

Amount of Debit: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$250 ☐ Other \$, .
Amount

Frequency (Select one.): ☐ **Monthly** (\$10 minimum) ☐ **Quarterly** (\$30 minimum)

Start Date:* — —
Date (mm/dd/yyyy)

* Your bank account will be debited on this date and your investment will be credited to your Plan Account on the previous business day. If you indicate a start date that is within the first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th of the applicable month. See the Disclosure Booklet for further information.

- ☐ **Annual Increase.** You may increase your Recurring Contributions automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$, .
Amount

Month:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

D. ☐ **Bank Information.** (Required to establish the Recurring Contributions or EFT service.)

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adhere to U.S. banking regulations.

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.

Bank Name

Bank Routing Number

Bank Account Number

 Account Type ☐

(Check One.)

☐ Checking

☐ Savings
E. ☐ **Rollover from another 529 plan or Coverdell Education Savings Account to an Indiana529 Account.**

Complete and include an Incoming Rollover Form, available online at www.indiana529direct.com or by calling **1.866.485.9415**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months. Please see the Disclosure Booklet for more information.

F. ☐ **Indirect Rollover.** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 calendar days. You must provide supporting documentation from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

Note: In order to claim the state tax credit associated with a bond redemption, you must contact a Client Service Representative at **1-866-485-9415** to inform us of the redemption.

 \$

Principal (Basis)

 \$

Earnings

G. ☐ **Transfer from an existing Indiana529 Direct Account.** Complete this section if you are transferring assets from an existing account. You will also need to complete an **Account Information Change Form**.

Account Number

H. ☐ **Payroll Direct Deposit.** If you want to make contributions to your Indiana529 Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Account until you have received a **Payroll Direct Deposit Confirmation Form** from us, provided your signature and Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Indiana529 Accounts.
 \$

Amount of Payroll Direct Deposit each pay period (\$10 minimum)

9. 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 (Source Portfolio) 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 contribution 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 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, the change or cancellation 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)

* We 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 is depleted.**

Source Portfolio:**

Target Portfolio:** (If selecting more than 3 Investment Options, please use a separate sheet of paper.)

Investment Option

Investment Option

Investment Option

\$, .

Dollar Amount (\$500 Minimum)

\$, .

Dollar Amount (\$500 Minimum)

\$, .

Dollar Amount (\$500 Minimum)

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

10. 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 Booklet. I understand that by signing this **Enrollment Form**, I am agreeing to be bound by the terms and conditions of the Disclosure Booklet. 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 Booklet and **Enrollment Form** constitute the entire agreement between myself and the Trust. 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. 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 Booklet)*.
- If I have chosen to contribute by Recurring Contribution or EFT, 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 8**. I authorize the bank to accept any such credits or debits to my account without responsibility for their accuracy. 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 Indiana529 and the bank by telephone or in writing, and that the termination request will be effective as soon as Indiana529 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 8**.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in Indiana529 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, as applicable.
- **I agree to the terms of the predispute arbitration clause as described under the heading “Arbitration” in the General Information section of the Disclosure Booklet.**
- If I am opening an Account using the services of a financial professional, I understand that by signing this **Enrollment Form**, I am authorizing Ascensus Broker Dealer Services, LLC, to allow my financial professional to have access to my Account and to perform transactions on my behalf. I agree to hold harmless the Plan Officials, from any losses I incur as a result of the acts or omissions of my financial professional.
- 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 Indiana529.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the Custodian of the Account, I am authorized to open the Account, I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the Plan Officials from any third party claims relating to my actions.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 3**. I agree to promptly inform Indiana529 in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Indiana529 has the right to terminate the entity's participation in Indiana529 if it has reasonable grounds to believe that any of the foregoing certifications are untrue.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

11. About yourself *(Optional)*

It's important that Indiana529 meets the needs of Indiana residents. By supplying us with the following information, the Authority can understand how 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 not be used on an individual basis *(so your anonymity will be protected)*. Thank you!

Income level *(Select One.)*

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> \$0–\$24,999 | <input type="checkbox"/> \$25,000–\$49,999 | <input type="checkbox"/> \$50,000–\$74,999 | <input type="checkbox"/> \$75,000–\$99,999 |
| <input type="checkbox"/> \$100,000 + | | | |

Race *(Select Any That Apply.)*

- | | | | |
|--|--------------------------------|--|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> African American or Black | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Other | | |

Educational level *(Select One.)*

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some college | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Master's degree | <input type="checkbox"/> Professional degree | <input type="checkbox"/> Doctorate degree |

12. Additional information *(Optional)*

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

- | | | | |
|--------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Email | <input type="checkbox"/> Newspaper/magazine article | <input type="checkbox"/> Print ad |
| <input type="checkbox"/> Online ad | <input type="checkbox"/> Friend or relative | <input type="checkbox"/> Financial Professional | <input type="checkbox"/> Employer |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Upromise website | <input type="checkbox"/> Event |
| <input type="checkbox"/> Other | <input type="text"/> | | |

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