

# 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 capitalized 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](http://www.indiana529direct.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. E.T.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:
<b>Indiana529 Direct Savings Plan</b>	<b>Indiana529 Direct Savings Plan</b>
<b>P.O. Box 219418</b>	<b>1001 E 101st Terrace, Suite 200</b>
<b>Kansas City, MO 64121</b>	<b>Kansas City, MO 64131</b>

## 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 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.)*



**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)

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)

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. Trust, Partnership, Corporation, Association, Estate, or Other Entity**

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:

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.

**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)/or Trust Name (Required) (m.i.)

Legal Name (Last name)/or Remaining Trust Name (Required)

Birth Date or Trust 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 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

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).

INTIALS

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

INTIALS

**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.\*

INTIALS

**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 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 INDIANA529 ACCOUNT(S) ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 2** OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

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 you beneficiaries, and authorize the Indiana Direct Plan and its present and future direct or indirect subsidiaries, affiliates, and successors 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 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.

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

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

#### 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 Plan Program Description available at [www.indiana529direct.com](http://www.indiana529direct.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.
- 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 at an Eligible Educational Institution. The asset allocation of these Portfolios is automatically adjusted over time to become more conservative.

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 7 business days.

**Source of funds** (Check all that apply.)A.  **Personal check.****Important:** All checks must be payable to **Indiana529 Direct Savings Plan.**\$   
AmountB.  **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](http://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 a Indiana529 Account.**

Complete and include an Incoming Rollover Form, available online at [www.indiana529direct.com](http://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 Plan 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.\$ 

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)





## 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 (*as defined in the Disclosure Booklet*). 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 Booklet*). 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 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 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 (*as defined in the Disclosure Booklet*) 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 (*as defined in the Disclosure Booklet*), 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, and that I am authorized to open the Account, and 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 Advisor in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Indiana529 Advisor has the right to terminate the entity's participation in Indiana529 Advisor 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 the Indiana529 meets the needs of Indiana residents. By supplying us with the following information, the 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 not be 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 Any That Apply.)*

- 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

**12. 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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