KY Saves 529 Account Features Form

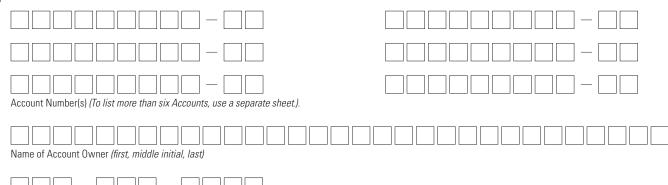


- Use this form to add, change, or delete Recurring Contributions, Bank Information, and Systematic Withdrawal Program (SWP) to your KY Saves 529 Account.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Forms can be downloaded from our website at **kysaves.com**, or you can call us to order any form — or request assistance in completing this form — at **1.855.840.4855**, Monday through Friday from 8 a.m. to 8 p.m. ET.

	1.855.840.4855 Monday to Friday 8 a.m 8 p.m. ET				
k.	kysaves.com				
\succeq	clientservice@kysaves.com				
FAX	1.617.559.8939				
Regular mailing address: KY Saves 529 P.O. Box 56014 Boston, MA 02205-6014					
Overnight mailing address: KY Saves 529 95 Wells Ave, Suite 155 Newton, MA 02459					

1. Account Owner Information



Telephone Number



DO	NOT STAPLE

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(Provide the information in	
	Section 3.)
Delete this option.	
mount of Debit: \$25	\$50 \$100 \$150 \$250 Other \$_,0
requency (Select one.):	Monthly Quarterly (Every three months.)
tart Date:	
from your bank account will be details of these transactions. I	structions at least 5 Business Days prior to the day of the month specified; otherwise, debits egin the following month on the day specified. Please review your quarterly statements for If the date is not specified, this option will begin the month following the receipt of this requ
	ay increase your Recurring Contributions automatically on an annual basis. Your contribution ne month that you specify by the amount indicated.
Amount of increase:	\$00
Month**: January	February March April May June August September October November December
month selected. Annual	r Recurring Contribution will be increased. The first increase will occur at the first instance o Recurring Contribution increases are subject to the general contribution limits of KY Saves 5 ard annual federal gift tax exclusion limits.
	requency (Select one.): tart Date: Date (mm/dd/yyyyy) KY Saves 529 must receive instrom your bank account will be details of these transactions. on the 20th day of the month. Annual Increase. You make adjusted each year in the Amount of increase: Month**: January July **The month in which your month selected. Annual

3. Bank Information

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- Recurring Contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that
 is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered
 through non-bank financial companies cannot be used.

Important: By signing this **Account Features Form**, you agree and confirm that your ACH transactions will not involve the branches or offices of a bank or other financial services company located outside the territorial jurisdiction of the United States.

Bank Name				
		Account Type		
Bank Routing Number	Bank Account Number	(Check One.)	Checking	Savings

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.

The named Bank Account Owner(s) must authorize this Recurring Contribution by signing below (if different than the 529 Account Owner).

Name(s) on Bank Account

Bank Account Owner's Name (first, middle initial, last)	
SIGNATURE Signature of Bank Account Owner	— — Date (mm/dd/yyyy)
Joint Bank Account Owner's Name (first, middle initial, last)	
SIGNATURE	
Signature of Joint Bank Account Owner	Date (mm/dd/yyyy)

DO NOT STAPLE

4. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your KY Saves 529 Account.
- SWPs can be established for Qualified Distributions only. We are required to file IRS Form 1099-Q annually for distributions taken from your KY Saves 529 Account.
- You can have up to two SWPs on your Account.
- If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

Important: Your withdrawal will be held if a contribution is not on deposit for 5 Business Days, or 10 Business Days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied.

A. Activate the SWP for my KY Saves 529 Account.

Frequency (Select one.): Monthly Quarterly	Semi-Annually Annually
Start Date:*	End Date:*
Amount of withdrawal: \$,	

* The first systematic withdrawal will occur on the start date indicated above if received within 3 Business Days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on your start date, not calendar year.

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nvestment Option	Dollar Amount	
	\$_,00	
nvestment Option	Dollar Amount	

B. SWP Recipient.

Account Owner (Address on record.)
Beneficiary (Address on record.)
Bank Account of Account Owner Please confirm last four digits Last four digits of Bank Account Number
Send to bank added in Section 3
Eligible college or university (<i>Provide school address below.</i>)
Name of School <i>(Complete only if the distribution is to be sent directly to the school.)</i>
Department/Office/Contact Name
Beneficiary's Student ID
Mailing Address
City City Code City Code City Code City Code City Code City Code City City Code City City City City City City City City
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5.

Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the KY Saves 529 Program Description
 as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize KY Saves 529 or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in Section 3, I certify that I have authority to transact on the bank account so indicated.
- 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. If the Account is
 funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in Section 1.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- If I have chosen the Recurring Contribution, I authorize KY Saves 529 and its designees, 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 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of KY Saves 529, the Commonwealth of Kentucky, Kentucky Higher Education Assistance Authority, Ascensus College Savings Recordkeeping Services, LLC and its affiliates will 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 KY Saves 529 and the bank by telephone or in writing, and that the termination request will be effective as soon as KY Saves 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 3**.

SIGNATURE Signature of Account Owner

		_		—			
Date ((mm/	/dd/yyy	(y)				