

KY Saves 529

# Account Features Form



- Use this form to add, change, or delete Recurring Contributions, Electronic Fund Transfer (EFT), 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 **1.877.598.7878**, Monday through Friday from 8 a.m. to 8 p.m. ET.

**1.877.598.7878**  
Monday to Friday 8 a.m. - 8 p.m. ET

**kysaves.com**

**clientservice@kysaves.com**

**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

Account Number(s) *(To list more than six Accounts, use a separate sheet.)*

Name of Account Owner *(first, middle initial, last)*

Telephone Number



\* KY BANK UPDATE \*

**2 Recurring Contribution / Electronic Fund Transfer (EFT)/Bank Update**

- Complete this section to add, change, or delete a Recurring Contribution from your bank account, or to add a one-time contribution by electronic funds transfer from a bank.
- You can also add, change, or delete a Recurring Contribution or make a one time EFT contribution by accessing your Account online at [kysaves.com](http://kysaves.com).
- To add Recurring Contribution instructions or multiple bank accounts, complete and include **Section 2A** and **Section 3** for each Account and/or instructions.
- Recurring Contribution or EFT contributions will be unavailable for distribution for 5 Business Days.
- Your contribution will be allocated according to the standing allocation(s) on your Account.

A.  **Recurring Contribution.** You can transfer money from your bank account to your KY Saves 529 Account on a set schedule. *(Check all that apply.)*

Add this option to my Account. *(Provide the information below and in **Section 3**.)*

Change the investment amount, frequency, and/or debit date on my existing Recurring Contributions. *(Provide the new amount and/or debit date below.)*

**Note:** If you wish to skip a scheduled Recurring Contribution, please call **1.877.598.7878**.

Change the bank account information currently being used for my existing Recurring Contribution. *(Provide the information in **Section 3**.)*

Delete this option.

**Amount of Debit:**  \$25  \$50  \$100  \$150  \$250  Other    \$               **00**  
Amount

**Frequency *(Select one):***     **Monthly**     **Quarterly *(Every three months.)***

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

\* KY Saves 529 must receive instructions at least 5 Business Days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. 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 20th day of the month.

**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:**    \$             **00**

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

\*\*The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of KY Saves 529 and will also count toward annual federal gift tax exclusion limits.

B.  **EFT.** Make a one-time contribution via Electronic Fund Transfer (EFT), complete **Section 3** if there is not bank account information on file. You can transfer funds from your bank account to your KY Saves 529 Account at any time simply by calling us, or by requesting a transfer online. KY Saves 529 may place a limit on the total dollar amount per day you may contribute to an Account by EFT.

\$                  
Amount

C.  **Add Bank.** Add bank information on file, complete **Section 3**. We will keep your bank instructions on file for future EBT contributions and/or withdrawals.

### 3 Bank Information

- Complete this section if you are adding a Recurring Contribution or EFT to your Account or if you are changing your bank account information.
- Recurring Contribution and contributions through EFT 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

Bank Routing Number

Bank Account Number

Account Type  (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 and/or EFT service 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 of Bank Account Owner

Date *(mm/dd/yyyy)*

Joint Bank Account Owner's Name *(first, middle initial, last)*

Signature of Joint Bank Account Owner

Date *(mm/dd/yyyy)*

#### 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:\*  —  —   
Date (mm/dd/yyyy) End Date:\*  —  —   
Date (mm/dd/yyyy)

Amount of withdrawal: \$  ,   .   0 0

\* 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.

<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0
Investment Option	Dollar Amount
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0
Investment Option	Dollar Amount
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0
Investment 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

Eligible college or university (Provide school address below.)

Name of School (Complete only if the distribution is to be sent directly to the school.)

Department/Office/Contact Name

Beneficiary's Student ID

Mailing Address

City  State  —  Zip Code

#### 4 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 or EFT option, 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/yyyy)