

KY Saves 529 Enrollment Form



IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.

We are required by federal law to obtain certain personal information from each person who opens a KY Saves 529 account ("Account")—including name, permanent U.S. 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.

- 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.
- 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.

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

 **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 Type

- Individual Account.** I am opening a new KY Saves 529 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.
- Trust Account.** I am opening this Account as a trust. (*You must enclose 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 or association. (*You must enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Enrollment Form**. We may also request additional information from you.*)
- Scholarship/Non-Profit/Government Entity.** I am opening this Account on behalf of a scholarship program, non-profit organization or a state or local government (*or agency or instrumentality thereof*) or (ii) an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Enrollment Form**. We may also request additional information from you.*)



* KY ENROLL *

2. A. 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)

If the Account Owner is a Business Entity/Trust/Government Entity enter Business Entity/Trust/Government Entity name

Social Security or Taxpayer Identification Number (Required)

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

Primary Telephone Number

Secondary 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

B. Estate/Trust, Business Entity, Scholarship, Non-Profit, Government Entity *(Fill out this section if you listed the Account Owner in Section 2A as a Business Entity/Trust/Government Entity.)*

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

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

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

Social Security Number or Taxpayer Identification Number (Required)

Primary Telephone Number

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)**

Primary Telephone Number

Secondary Telephone Number

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

Relationship of Account Owner to Beneficiary

Parent Guardian Grandparent Friend Self Other

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 KY Saves 529 Program Description for more information.

Legal Name *(First name)*/or Trust Name *(m.i.)*

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

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

5. A. Registered Investment Advisor (RIA) Information

Only complete the information below if you want to add an RIA to your account or replace the existing RIA on your account.

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).

Initial

Level 1 — Account Inquiry Access. Authorized to obtain information about my Account(s); change my address of record and receive duplicate Account statements.*

Initial

Level 2 — Account Inquiry Access, Contributions, and Exchanges. Authorized to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution and change Investment Options for each of the above-referenced Account(s).*

Initial

Level 3 — Account Inquiry Access, Contributions, Exchanges, and Withdrawals. Authorized to obtain information about my Account(s); change my address of record; receive duplicate Account statements; add or update my bank information; make a contribution; change Investment Options and withdraw from the above-referenced Account(s).*

* 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:

- Adding or changing the Successor Account Owner
- Establishing or re-establishing convenience services such as telephone and online capabilities on my account(s),
- Changing the Designated Beneficiary,
- Signing an **Enrollment Form** or otherwise opening a new registration on my behalf, or
- Transferring assets to a new registration.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO ACCESS AND PERFORM TRANSACTIONS ON THE KY SAVES 529 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

MM - DD - YYYY

Date (mm/dd/yyyy)

6. Trusted Contact Person Information (Optional)

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize KY Saves 529 and its present and future direct and indirect subsidiaries, affiliates, successors and assigns KY Saves 529 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 by phone, online or by completing a **Profile Change Form**. 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 Secondary 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 KY Saves 529 Program Description available at kysaves.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.
- Use whole percentages only.
- Your total Investment Option percentages must equal **100%**.

Year of Enrollment Options:

The asset allocation of money invested in the Year of Enrollment Options is automatically adjusted over time to become more conservative as the beneficiary approaches the enrollment year.

2043 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2040 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2037 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2034 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2031 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2028 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2025 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
In School Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %

Asset Allocation Options:

The assets will remain in your selected option(s) until you update your Investment Option.

Active Equity Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Equity Index Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Active Bond Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Bond Index Option	<input type="text"/> <input type="text"/> <input type="text"/> %

Capital Preservation:

The assets will remain in your selected option until you update your Investment Option.

Capital Preservation Option	<input type="text"/> <input type="text"/> <input type="text"/> %
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Total	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> %
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8. Contribution Method

- 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 will not be available for withdrawal for 5 Business Days.

Source of funds (Check all that apply.)

A. **Personal check.**

Important: All checks must be payable to **KY Saves 529**.

\$,.

Amount

B. **Rollover from another 529 plan or Coverdell Education Savings Account to a KY Saves 529 Account.** Complete and include an **Incoming Rollover Form**, available online at kysaves.com or by calling **1.855.840.4855**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months. Please see the KY Saves 529 Program Description for more information.

\$,.

Amount

C. **Transfer from an existing KY Saves 529 Account.** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form**.

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Account Number

D. **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 days. You must provide an account statement 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.

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Amount of Rollover

\$,.

Principal (Basis)

\$,.

Earnings

E. **Payroll Direct Deposit.** If you want to make contributions to your KY Saves 529 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 KY Saves 529 Account until you have received a **Payroll Direct Deposit Confirmation Form** from KY Saves 529, 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 KY Saves 529 Accounts.

Amount of Payroll Direct Deposit each pay period: \$,.

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

Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

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

If applicable, authorization from a joint bank account owner is required to add bank instructions on the 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)*

10. Signature and Certification— YOU MUST SIGN BELOW

By signing below, I apply to open an account in Kentucky Educational Savings Plan Trust (“KY Saves 529”) and I hereby certify that:

- I have received and read this form and agree to the terms and conditions of the KY Saves 529 Program Description which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records. Capitalized terms used in this **Enrollment Form** and not defined have the meanings provided in the KY Saves 529 Program Description.
- I hereby represent that all of the information I have provided on this **Enrollment Form** is accurate and complete, and I understand and acknowledge that I am bound by the terms, rights and responsibilities stated in the KY Saves 529 Program Description, this **Enrollment Form**, and by any and all statutory, administrative and operating procedures that govern KY Saves 529. Except as set forth below, I understand that the KY Saves 529 Program Description, and **Enrollment Form** and any subsequent forms signed by me constitute the entire agreement between me and KY Saves 529. No person is authorized to make an oral modification to this agreement.
- I understand that my investments are not insured or guaranteed (except to the extent of the Funding Agreement is issued by Principal Life Insurance Company (Principal Life) and provides a guaranteed interest rate to the KY Saves 529 Program for a specified period of time that is backed by Principal Life’s general account.) by KY Saves 529, the Program Administrators, my investments are not deposits or obligations of, nor guaranteed by, any Financial Institution, and my investments are subject to investment risks, including possible loss of the principal amount invested.
- I understand that participation in KY Saves 529 does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other Qualified Expenses or that a Beneficiary will be admitted to or permitted to continue to attend a private or religious elementary or secondary school or an Eligible Educational Institution.
- I intend to use my Account to pay the Qualified Expenses of the Beneficiary.
- If this new Account is being opened because a former Account Owner is deceased or legally incapacitated and I had been designated the Successor Account Owner on that Account, by signing below I certify that I am not aware of any adverse claim of ownership or court order relating to the ownership of this Account and I agree to hold harmless the Program Administrators from any third party claims relating to the transfer of ownership to me.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 Plan issued by the Commonwealth of Kentucky will count towards my permitted twice per calendar year investment change limit.
- If I have chosen the recurring contributions or EFT option, I authorize the Program Manager 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 9**. I authorize the bank to accept any such credits or debits to my Account without responsibility as to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with applicable U.S. law. I further agree that Program Administrators 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 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 9**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in 529 plans issued by the Commonwealth of Kentucky will not cause the aggregate balances in such accounts to exceed the Maximum Account Balance (*as described in the KY Saves 529 Program Description*) then in effect or the cost in current dollars of Qualified Expenses that I reasonably anticipate the Beneficiary will incur.
- 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 parent/guardian/ custodian of the Account, 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 Program Administrators 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 KY Saves 529 in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that KY Saves 529 has the right to terminate the entity’s participation in KY Saves 529 if it has reasonable grounds to believe that any of the foregoing certifications are untrue.
- I understand that certain withdrawal types, Beneficiary changes and Account types may be subject to taxation, penalties or restrictions. Additionally, Section 529 Plans offered by other states may offer tax or other benefits to taxpayers or residents of those states that are not available with regard to KY Saves 529. I acknowledge that it is my responsibility to obtain legal, financial or tax advice specific to my situation and circumstances.

- I agree that a photocopy, electronically-scanned image or facsimile of the enrollment application and signatures therein shall be deemed an original.
- I acknowledge that this agreement, the **Enrollment Form**, and the Program Description are governed by, and construed in accordance with, the laws of the Commonwealth of Kentucky, without giving effect to any choice of law or conflict of law rules. Furthermore, if any part or parts of this agreement shall be held to be void or unenforceable, such parts or parts shall be treated as severable, leaving valid the remainder of this agreement.
- I understand that the Board may make changes to the Program, including the **Enrollment Form** and the Program Description, at any time without my consent, and I agree to be subject to such amendments.
- I acknowledge that, under Kentucky law, KY Saves 529, the Board, the Commonwealth of Kentucky or any of their board members, officers, employees or associated individuals will not indemnify an Account Owner, Beneficiary or contributor against any damages, losses or other claims arising from their official or unofficial acts, whether negligent or otherwise.
- I agree to indemnify and hold harmless the Program Administrators or successors of the foregoing from and against any and all loss, damage, liability or expense, including reasonable attorney's fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by me or any of my agents herein or otherwise with respect to this agreement and any breach by me or any of my agents of any of the agreements, representations or warranties contained in the participation agreement. All of my agreements, representations, and warranties made herein shall survive the termination of the Participation Agreement.
- **I agree to the terms of the pre-dispute arbitration clause as described in the Participation Agreement in the KY Saves 529 Program Description.**

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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