

2. 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.

[Grid of 28 boxes for Name of RIA]

Name of RIA (first, middle initial, last)

[Grid of 28 boxes for Firm Name]

Firm Name (if applicable)

[Text box for IARD Number]

IARD Number

[Grid of 32 boxes for Mailing Address]

Mailing Address

[Grid of 16 boxes for City]

City

[Grid of 2 boxes for State]

State

[Grid of 5 boxes for Zip Code]

Zip Code

[Grid of 4 boxes for Zip Code]

[Grid of 12 boxes for Telephone Number]

Telephone Number

3. Authorization Level

I, the Account Owner listed in Section 1, appoint the RIA and their firm listed in Section 2 to act on my behalf as indicated below (please initial the appropriate level of access that applies to the Account(s) listed in Section 1).

Note: If you have more than one Account and you wish to designate different levels of access for your other Account(s), complete a separate form for each Account.

[Initial box]

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

[Initial box]

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 box]

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 Account Application 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 1 OF THIS FORM IN ACCORDANCE WITH THE AUTHORIZATION LEVEL SELECTED ABOVE.

[Signature line]

Signature of RIA

[Date grid]

Date (mm/dd/yyyy)

4. SIGNATURE — YOU MUST SIGN BELOW

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE MY PRIOR APPOINTMENT OF THE INDIVIDUAL LISTED IN **SECTION 2** OF THIS FORM AS MY REGISTERED INVESTMENT ADVISOR (RIA). I ACKNOWLEDGE THAT THE DESIGNATED RIA HAS BEEN EMPOWERED TO ACT ON MY BEHALF, WITH RESPECT TO MY KY SAVES 529 ACCOUNTS, UNDER A SEPARATE AGREEMENT WITH THE LISTED BROKER/DEALER FIRM. SUCH AGREEMENT AUTHORIZES MY RIA TO ACT ON MY BEHALF TO THE EXTENT OF THE AUTHORIZATION LEVEL INDICATED IN **SECTION 3** OF THIS FORM. MY RIA'S AUTHORITY DOES NOT INCLUDE TRANSFERRING OWNERSHIP OF UNITS, CHANGING THE DESIGNATED BENEFICIARY, SUCCESSOR ACCOUNT OWNER OR SUCCESSOR RESPONSIBLE INDIVIDUAL OR ESTABLISHING OR RE-ESTABLISHING CONVENIENCE SERVICES.

I certify that I have read and understand, consent, and agree to all the terms and conditions of the KY Saves 529 Program Description and understand the rules and regulations governing Kentucky Educational Savings Plan Trust.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)