Achieve Montana

Automatic Investment Plan/ Electronic Funds Transfer Form



- Complete this form to start, change, or stop an automatic investment from your bank account, or to add or change bank account information for contributions by electronic transfer from a bank. Complete and submit a separate form for each Account you own in Achieve Montana.
- You can also start, change, or stop an Automatic Investment Plan (AIP) and Electronic Funds Transfer (EFT) by accessing your Account online at **achievemontana.com**.
- 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 address below. Do not staple.

Forms can be downloaded from our website at **achievemontana.com**, or you can call us to order any form—or request assistance in completing this form—at **1.877.486.9271** any business day from 7 a.m. to 6 p.m. Mountain Time.

Return this form and any other required documents to:

Achieve Montana P.O. Box 219448 Kansas City, MO 64121-9448 Phone Number: 1.877.486.9271

Hours: 7 a.m. to 6 p.m. Mountain Time

Monday through Friday

Website: achievemontana.com

Achieve Montana Account information				
Account Number				
Name of Account Owner (first, middle initial, last)				
Name of Joint Account Owner (If applicable)				
Telephone Number (In case we have a question about your Account.)				
Name of Beneficiary (first, middle initial, last)				

2. Options

	contributions will be unavailable for withdrawar for seven (7) business days.			
A. AIP. You can transfer money from your bank account to your Achieve Montana Account on a set schedule.				
	Add this option to my Account. (Provide the information below and in Section 2C.)			
	Change my investment amount and/or debit date. (Provide the new amount and/or debit date below.)			
	Change my bank account information. (Provide the information in Section 2C.)			
	Stop this option.			
	Amount of Debit: \$,			
	Frequency (Check one): Monthly (\$25 minimum) Quarterly (\$75 minimum)			
	Semi-Annually (\$150 minimum) Annually (\$300 minimum)			
	Start Date:* Date (mm/dd/yyyy)			
	* Achieve Montana must receive instructions at least three (3) business days prior to the indicated start date; 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. The start date must fall between the 1st and the 28th of the month. If the date is not specified, this option will begin on the 20th day of the month following the receipt of this request.			
	Annual Increase. You may increase your AIP contribution 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: \$,			
	Month:**			
	** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of Achieve Montana and will also count toward annual federal gift tax exclusion limits.			
	Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.			
3. [EFT. Add bank information for future electronic transfers. We will keep your bank instructions on file for future EFT contributions. You can transfer \$25 or more from your bank account to your Achieve Montana Account at any time by calling us or requesting a transfer online. The maximum contribution for a one-time EFT is \$130,000.			
	Add Change Delete			
	Bank information. AIP and EFT 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: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.			
	Bank Name			
	Pank Routing Number Rout Type: Checking Source Sour			

3. Signature — YOU MUST SIGN BELOW

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. I authorize Ascensus College Savings Recordkeeping 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 2C**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the Trust, Achieve Montana, and the Plan Administrators (as defined in the Achieve Montana Program Description) 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 Achieve Montana and the bank by telephone or in writing, and that the termination request will be effective as soon as Achieve Montana 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 2C**.

SIGNATURE	
Signature of Account Owner	Date (mm/dd/vvvv)

