





**Important:** If you have already established an account for the new designated beneficiary and have provided the account number above, go directly to **Section 7**. Otherwise, complete all remaining sections.

#### 4 Investment Selection

- Before choosing your investment, see the College SAVE Plan Disclosure Statement (available at [www.collegesave4u.com](http://www.collegesave4u.com)) for complete information about the investments offered.
- You may choose up to five investment options for your account.
- You must allocate at least 5% of your contribution to each investment that you choose. Use whole percentages only.
- Your investment percentages must total 100%.

I want to keep the same investment allocation for my new designated beneficiary. **Note:** If you are invested in an Age-Based Option and the new designated beneficiary is in a different age bracket than the former designated beneficiary, your asset allocation may change.

I want to establish a new investment allocation as listed below. **Note:** See the College SAVE Plan Disclosure Statement, which is available at [www.collegesave4u.com](http://www.collegesave4u.com), for complete information on the investments you're considering.

**Age-Based Options** *(The asset allocation of money invested in the Age-Based Options is automatically adjusted over time to become more conservative as the designated beneficiary approaches college age.)*

Conservative Age-Based Option - Advisor  %

Moderate Age-Based Option - Advisor  %

Aggressive Age-Based Option - Advisor  %

**Individual Portfolios** *(The assets will remain in the portfolio you select until you exchange them to a new investment option.)*

Aggressive Growth Portfolio - Advisor  %

Growth Portfolio - Advisor  %

Moderate Growth Portfolio - Advisor  %

Conservative Growth Portfolio - Advisor  %

Income Portfolio - Advisor  %

Interest Accumulation Portfolio - Advisor  %

**TOTAL**  %

1 0 0 %

**Please remember to:**

- Choose no more than five investments.
- Allocate at least 5% of your contribution to each investment you choose.
- Use whole numbers.

### **5** Recurring Contributions *(optional)*

Through this plan, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your College SAVE account. Your contribution will be credited (added) to your College SAVE account on the business day before it is debited (withdrawn) from your bank account.

You may change the investment amount and frequency at any time by logging on to **www.collegesave4u.com** or by calling **1.866.SAVE.529 (866.728.3529)**.

To set up this option, you must provide the bank information below. **Important:** The Recurring Contribution plan option can be used only with 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 by nonbank financial companies cannot be used.

I would like to continue my existing Recurring Contribution plan for the new designated beneficiary.

I would like to establish a new Recurring Contribution plan, as follows:

**Amount of Debit:** \$      .

**Frequency (Check One):**  Monthly (*\$25 minimum*)  Quarterly (*\$75 minimum*)

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

Your bank account will be debited on this date and your investment will be credited to your College SAVE account on the *previous business day*. If you indicate a start date that is within the first three days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If the start date you choose occurs with this three-day period, your Recurring Contribution change will take effect in the following month or quarter. If you do not indicate a start date, your bank account will be debited on the 20th.

**Provide the bank account information below.**

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Name	Bank Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank Routing Number	Bank Account Number
<b>Account Type:</b> <input type="checkbox"/> <input type="checkbox"/> (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.

### **6** Successor Participant information *(optional)*

- The successor participant will take over control of the account in the event of your death or inability to continue as the participant
- The person you designate as successor participant, must be at least 18 years old, and must be a U.S. citizen or resident alien.

**Choose one option:**

I want to have the same successor participant for the new designated beneficiary.  
 I want to establish a new successor participant for the new designated beneficiary.

Name of Successor Participant (*first, middle initial, last*)

—   —

Birth Date (mm/dd/yyyy)

**7 Authorization – YOU MUST SIGN BELOW**

By signing below, I agree to the following terms and conditions:

- I have received the College SAVE Plan Disclosure Statement and Participation Agreement, which contain the Privacy Policies of Bank of North Dakota and Ascensus College Savings Recordkeeping Services, LLC. I understand that by signing this Designated Beneficiary Change Form for Financial Intermediaries, Bank of North Dakota may from time to time amend the Plan Disclosure Statement and Participation Agreement, and I agree I will be subject to the terms of those amendments. I understand that the Designated Beneficiary Change Form for Financial Intermediaries shall be construed, governed, and interpreted in accordance with the laws of the State of North Dakota.
- Except as set forth below, I understand that the Plan Disclosure Statement and Participation Agreement constitute the entire agreement between the Participant and College SAVE. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my account or changing my Designated Beneficiary to an ineligible person. (Participants should seek advice from a qualified tax advisor.)
- I understand that contributions to College SAVE are not insured and that the investment returns are not guaranteed by the Federal Deposit Insurance Corporation, the State of North Dakota, its agencies including Bank of North Dakota, any other government or government agency, Ascensus College Savings Recordkeeping Services, LLC., the investment manager for the underlying funds in the Plan, or their respective affiliates. I understand that contributions will be invested under the direction of the Bank of North Dakota and there is no assurance that the accounts under College SAVE will generate any specific rate of return; in fact, there is no assurance that the account will not decrease in value.
- If I have chosen the Recurring Contribution or electronic bank transfer option, I authorize the College SAVE Plan Manager, upon request, to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 5**. I authorize the bank to pay amounts representing redemptions made by me or to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I further agree that the College SAVE Plan Manager will not incur any loss, liability, cost, or expense for acting upon my request. I understand that this authorization may be terminated by me at any time by notifying the College SAVE Plan Manager by written notification, and that the termination request will be effective as soon as the College SAVE Plan Manager has 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, and I confirm that the registrations on such bank account meets the requirement set forth in this paragraph.
- **I agree to the terms of the predispute arbitration clause as described in the Arbitration section of the Participation Agreement included in the Plan Disclosure Statement.**
- I certify that the information provided on this form is true and accurate and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern College SAVE.

SIGNATURE

Signature of Participant

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Date (mm/dd/yyyy)

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