

College SAVE Plan

Enrollment Form For Financial Intermediaries

College SAVE™
Bank of North Dakota's 529 Plan

THIS FORM IS INTENDED FOR FINANCIAL INTERMEDIARY USE ONLY.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account certain personal information — including name, street address, and date of birth, among other information — that will be used to verify their identity. If you do not provide us with this information, we will not be able to open 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.

- Your initial investment, by any source of funds, must total at least \$25.
- 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 www.collegesave4u.com, or you can call us to order any form — or request assistance in completing this form — at **1.866.SAVE.529 (866.728.3529)** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

College SAVE
P.O. Box 219781
Kansas City, MO 64121-9781

For overnight delivery or registered mail, send to:

College SAVE
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account type

- Select one of the Account types below.
- If you do not select an Account type, we will open an individual Account for you.

Individual Account. I am opening a new 529 plan Account.

UGMA/UTMA Account. I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.

Trust Account/Other Entity. I am opening this Account as a trust or other entity. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.*)



2. Participant information *(The Participant is the person or entity who owns and controls the Account. This person must be at least 18 years old.)*

Legal Name (First name) (m.i.)

Legal Name (Last name)

If the Participant is an Entity/Trust

Social Security Number or Taxpayer Identification Number **(Required)**

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

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Telephone Number *(In case we have a question about your Account.)* **(Required)**

Email Address

Permanent Street Address *(A P.O. box or rural route number is not acceptable.)*

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record and for all Account mailings.)*

City State Zip Code

3. Designated Beneficiary information *(The Designated Beneficiary is the future student.)*

Legal Name (First name) (m.i.)

Legal Name (Last name)

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy)

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Check if Designated Beneficiary's address is the same as Participant, otherwise complete the following:

Mailing Address

City State Zip Code

6. Investment Option selection

- Before choosing your Investment Option(s), see the Disclosure Statement (*also available at 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 contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.

Age-Based Option:

The asset allocation of money invested in the Age-Based Option 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 portfolios you select until you exchange them into 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 %

%

11. Signature — YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in College SAVE. I certify that:

- I have read and received the Disclosure Statement. I understand that by signing this **Enrollment Form For Financial Intermediaries**, Bank may from time to time amend the Disclosure Statement, and I agree I will be subject to the terms of those amendments. I understand that this **Enrollment 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 Disclosure Statement constitutes 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, any other government or government agency, Ascensus College Savings Recordkeeping Services, LLC., (ACSR), the investment manager for the underlying funds in College SAVE, or their respective affiliates. I understand that contributions will be invested under the direction of 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 EBT option, I authorize College SAVE and ACSR, 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 8c**. I authorize the bank to accept any such credits or debits to my bank account without responsibility for their accuracy. I acknowledge that ACH transactions involving my bank account must comply with U.S. law. I further agree that neither College SAVE nor ACSR 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 ACSR and the bank by telephone or in writing, and that the termination request will be effective as soon as ACSR 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 8c**.
- I understand that by signing this **Enrollment Form For Financial Intermediaries** I am authorizing ACSR to allow my Financial Advisor to have access to my Account and to perform transactions on my behalf. I agree to hold harmless College SAVE, the State of North Dakota, ACSR, Bank of North Dakota and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Financial Advisor.
- **I agree to the terms of the predispute arbitration clause as described in the Arbitration section of the Participation Agreement included in the 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)