

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

For overnight delivery or registered mail, send to:
College SAVE
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

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.)*



* N D E N R F I N I N T *

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.)

-

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

-

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:

[illegible]

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%**.

Target Enrollment Portfolios

(Your investment mix automatically becomes more conservative as the beneficiary nears target enrollment year.)

Target Enrollment 2042/2043 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2040/2041 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2038/2039 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2036/2037 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2034/2035 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2032/2033 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2030/2031 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2028/2029 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2026/2027 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Target Enrollment 2024/2025 Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Commencement Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %

Individual Portfolios

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

Aggressive Growth Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Moderate Growth Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative Growth Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Income Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %
Interest Accumulation Portfolio Advisor	<input type="text"/> <input type="text"/> <input type="text"/> %

TOTAL	<input type="text"/> <input type="text"/> <input type="text"/> %
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7. Initial contribution

- Your minimum initial contribution must be \$25.
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate box for each source and write the contribution amount for each.
- Contributions by any source of funds (except payroll direct deposit) will not be available for withdrawal for ten calendar days.

Source of funds *(Complete all that apply.)*

- A. ☐ **Personal check.**

Important: All checks must be payable to **College SAVE.**

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Amount

- B. ☐ **Electronic Bank Transfer (EBT).** You can make a contribution whenever you want by transferring money from your bank account. To set this up, you must provide bank information in **Section 8c**. The maximum contribution through a one-time EBT is \$130,000. *(This amount below will be a one-time EBT contribution to open your Account.)*

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Amount

- C. ☐ **Recurring Contributions.** You can have a set amount automatically transferred from your bank account on the frequency you specify. To set this up you must complete **Section 8a** and **Section 8c**.

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Amount

- D. ☐ **Direct rollover from another 529 plan or Education Savings Account (ESA) to College SAVE.** By law, rollovers between 529 plans with the same Designated Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover Form**. You can get this form online at www.collegesave4u.com or by calling **1.866.SAVE.529 (866.728.3529)**.

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Amount (Estimated)

- E. ☐ **Indirect rollover from an Education Savings Account (ESA), qualified U.S. savings bond, or another 529 plan.** You can transfer money from one of these options to your bank account and from there, to College SAVE.

Important: Indirect rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified distribution from your College SAVE Account.

- **Indirect rollover from another 529 plan or an ESA**— Include documentation from the distributing financial institution showing contributions and earnings.
- **Indirect rollover from qualified U.S. savings bonds**— Include a statement or IRS Form 1099-INT, issued by the distributing financial institution, that shows the interest paid as of the redemption date.

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Contributions

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Earnings

- F. ☐ **Payroll Direct Deposit.** If you want to make contributions to your College SAVE 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 College SAVE Account until you have received a **Payroll Direct Deposit Confirmation Form** from College SAVE, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your employer's payroll office. Please enter your Direct Deposit amount in the following section.

Bank of North Dakota Match Programs *You may receive more than one match that you are eligible to apply for and you must contribute the match amount in each program as described below in the required timeframe to receive the full match.*

9. New Baby Match Program

There are no income restrictions associated with this match program.

☐ By checking this box, I hereby apply for a New Baby Match Grant and certify that:

- * The child I am opening an account for is a newborn living in North Dakota and has not yet turned 12 months old. Bank of North Dakota will match up to \$200. You have 12 months to contribute that amount to receive the full match.
- * I have read and agree to all the other terms of the New Baby Match Program as described in the Disclosure Statement and in the **New Baby Match Instructions**.

10. Kindergarten Kickoff Match Program

There are no income restrictions associated with this match program.

☐ By checking this box, I hereby apply for Kindergarten Kickoff Match and certify that:

- * The child I am opening up an account for is 5 or 6 years old and entering Kindergarten this year in North Dakota. Bank of North Dakota will match up to \$100. You have 12 months or until the child turns 7 to contribute that amount to receive the full match.
- * I agree to the terms regarding the Kindergarten Kickoff Match program as described in the **Kindergarten Kickoff Match Instructions** and the Plan Disclosure Statement and Participation Agreement.

11. BND Match Program

There ARE age and income restrictions associated with this match program.

☐ By checking this box I hereby apply for the BND Match and certify that:

- * The child I am opening an account for has not yet turned 16 years old. Bank of North Dakota will match up to \$300. You have 12 months to contribute that amount to receive the full match.
- * I Authorize to Disclose Tax Information. The Tax Commissioner is authorized to disclose confidential tax information on file with the Office of State Tax Commissioner to Bank of North Dakota with respect to the BND Match.
- * I have read and agree to all the other terms of the BND Match Program as described in the Disclosure Statement in the BND Match Instructions.

There ARE income restrictions associated with this match program. My adjusted gross income must meet the income parameters as follows:

☐ Single Filer (\$0-\$100,000)

☐ Joint Filer (\$0-\$150,000)

☐ I have not recently filed a North Dakota state income tax return or I do not have a copy of my most recently filed North Dakota state income tax return (or my spouse's because he/she filed separately) and understand I may be asked to provide other evidence of eligibility upon request.

Tax information will be verified with state Tax Commissioner.

12. 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)

College SAVE™

Bank of North Dakota's 529 Plan

 ASCENSUS®