College SAVE Plan

Enrollment Form

College SAVE™
Picture the Future

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.

- Open an Account at **www.collegesave4u.com** or complete this form to establish an Account.
- 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.)*

ND ENROLL

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.)*

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

4. Successor Participant information *(Optional)*

- The Successor Participant will take control of the Account in the event of the Participant's death or legal incompetence.
- You may revoke or change the Successor Participant at any time. See the College SAVE Plan Disclosure Statement and Participation Agreement and any supplements distributed from time to time (the "Disclosure Statement") for more information.
- The person you designate as Successor Participant **must be at least 18 years old and must be a U.S. citizen or resident alien.**

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

Legal Name *(Last name)*

Birth Date *(mm/dd/yyyy)*

5. 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 %

Moderate Age-Based Option %

Aggressive Age-Based Option %

Individual Portfolios:

The assets will remain in the portfolios you select until you exchange them into a new Investment Option.

Aggressive Growth Portfolio %

Growth Portfolio %

Moderate Growth Portfolio %

Conservative Growth Portfolio %

Income Portfolio %

Money Market Portfolio %

1 0 0 %

6. 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 *(Check all that apply.)*

A. ☐ **Personal check.**

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

$ ☐☐☐,☐☐☐.☐☐

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 7c.** The maximum contribution through a one-time EBT is $130,000. *(This amount will be a one-time EBT contribution to open your Account.)*

$ ☐☐☐,☐☐☐.☐☐

Amount

C. ☐ **Automatic Investment Plan (AIP).** 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 7a** and **Section 7c.**

$ ☐,☐☐☐.0 0

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).**

$ ☐☐☐,☐☐☐.☐☐

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**—Enclose 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.

$ ☐☐☐,☐☐☐.☐☐ Contributions

$ ☐☐☐,☐☐☐.☐☐ 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. The amount you indicate below will be in addition to payroll direct deposits that you may have previously established for other College SAVE Accounts.

$ ☐,☐☐☐.0 0

Amount of deposit each pay period *($25 minimum)*

7. Future contributions *(Optional)*

You may make future contributions by personal check or electronically through AIP, EBT, or by payroll direct deposit.

Important: The AIP and EBT options 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 non-bank financial companies are not members of the ACH network.

- Contributions by AIP or EBT will not be available for withdrawal for ten calendar days.

A. ☐ **AIP.** Through AIP, money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your College SAVE Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.collegesave4u.com** or by calling **1.866.SAVE.529 (866.728.3529).**

Important: To set up this option, you must provide bank information in **Section 7c.**

Amount of Debit: $ ☐,☐☐☐.00

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 four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th of the applicable month. See the Disclosure Statement for further information.

☐ **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: $ ☐,☐☐☐.00

Month:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected.

B. ☐ **EBT.** Through EBT, you can make a contribution of at least $25 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EBT contributions.

Important: To set up this option, you must provide bank information in **Section 7c.**

C. **Bank information.** Required to establish the AIP or EBT service.

☐ **Important:** Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number ☐☐☐☐☐☐☐☐☐ Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐

Account Type: *(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.

D. ☐ **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 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 payroll office. The amount you indicate below will be in addition to payroll direct deposits that you may have previously established for other College SAVE Accounts.

Amount of deposit each pay period *($25 minimum):* $ ☐,☐☐☐.00

8. Children FIRST Program

- ☐ I hereby apply for a Children FIRST grant in an amount up to $200.00 from Bank of North Dakota ("Bank") for the Designated Beneficiary listed on this Enrollment Form.
- ☐ I agree that the Designated Beneficiary is 12 months old or younger and a North Dakota resident as of the date this Enrollment Form is signed below.
- ☐ I have read and agree to all the other terms of the Children FIRST Program as described in the Disclosure Statement and in the Children FIRST Instructions.
- ☐ I have checked all the boxes in order to be considered for a Children FIRST grant.

9. Matching Grant Program

- ☐ I hereby apply for a matching grant from the Bank for the Designated Beneficiary listed on this Enrollment Form.
- ☐ I agree that the Designated Beneficiary is 15 years old or younger as of the date this Enrollment Form is signed below.
- ☐ I understand the matching grant amount is dollar-for-dollar match and is based on contributions made within 12 months of opening a College SAVE Account up to $300.00.
- ☐ I agree that I have attached a copy of my most recently filed North Dakota state income tax return to verify my adjusted gross income. If I am married, and filed separately, I have also attached a copy of my spouse's most recently filed North Dakota state income tax return. *(If you have not recently filed a North Dakota state income tax return or you do not have a copy of your most recently filed North Dakota state income tax return (or your spouse's because he/she filed separately) at this time, you will provide other evidence of eligibility upon request.)*

My adjusted gross income is as follows:

- ☐ Single Filer *($0 – $60,000)**
- ☐ Single Filer *($60,001 – $80,000)*
- ☐ Joint Filer *($0 – $80,000)**
- ☐ Joint Filer *($80,001 – $120,000)*

**May qualify for a matching grant for up to 3 consecutive years. In order to be eligible, Participant must submit a new matching grant application each year. Bank may require documentation of adjusted gross income annually for consecutive matching grant requests.*

- ☐ I have read and agree to all the other terms of the Matching Grant Program as described in the Disclosure Statement and in the Matching Grant Instructions.
- ☐ I have checked all the boxes in order to be considered for a matching grant.

10. SIGNATURE — YOU MUST SIGN BELOW

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

- I have received and read the Disclosure Statement. I understand that by signing this **Enrollment Form,** 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** 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., 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 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 AIP or EBT option, I authorize College SAVE and 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 7c.** 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 Ascensus College Savings Recordkeeping Services, LLC. 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 UII and the bank by telephone or in writing, and that the termination request will be effective as soon as Ascensus College Savings Recordkeeping Services, LLC. 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 7c.**
- **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

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

College SAVE™
Picture the Future

BND Bank of North Dakota

ascensus™ college savings

[PAGE LEFT BLANK INTENTIONALLY]