

College SAVE Plan Automatic Investment Plan/ Electronic Bank Transfer Form

College SAVE™

Bank of North Dakota's 529 Plan

- Print clearly, preferably in capital letters and black ink.
- 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 College SAVE.
- You can start, change, or stop automatic investments and electronic bank transfers by accessing your account online at www.collegesave4u.com.

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. ET.

<p>Return this form to: College SAVE P.O. Box 219781 Kansas City, MO 64121-9781</p>	<p>For overnight delivery or registered mail, send to: College SAVE 920 Main Street, Suite 900 Kansas City, MO 64105</p>
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1 Account Information

Account Number

Name of Participant (first, middle initial, last)

Daytime Telephone Number

Evening Telephone Number

Name of Designated Beneficiary (first, middle initial, last)



2 Options

A. **Automatic Investment Plan (AIP).** You can transfer money from your bank account to your College SAVE account on a set schedule.

- Add this option to my account. (Provide the information below and in **Section 3**.)
- 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 3**.)
- Stop this option.

Amount of Debit: \$

Frequency: (Check one.) Monthly (\$25 minimum) Quarterly (\$75 minimum)

Start Date: - -

Date (month, day, year)

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 automatic investment 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.

B. **Electronic Bank Transfer (EBT).** Add bank information for future electronic bank transfers. We will keep your bank instructions on file for future EBT contributions. You can transfer \$25 or more from your bank account to your College SAVE account at any time simply by calling us or requesting a transfer online.

- Add Change Delete

3 Bank Information

- Complete this section only if you are adding an electronic investment option to your account or you are changing your bank account information.
- Automatic investments and electronic bank transfers 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 nonbank financial companies cannot be used.

Bank Name

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Bank Telephone Number

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.

4 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 the College SAVE Plan Manager, upon my request, to secure payment of amounts invested by me by initiating credit or debit entries to my account at the bank named in **Section 3**. 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 to my account must comply with 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 telephone or in writing, 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 registration on such bank account meets the requirement set forth in the paragraph.

 SIGNATURE

Signature of Participant

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Date (month, day, year)