

Scholars Choice Education Savings Plan®

Account Features Form



- Use this form to add, change, or delete Recurring Contributions and Bank Information, or to set up systematic withdrawals, systematic rebalance, or Automatic Dollar Cost Averaging on your Scholars Choice Education Savings Plan Account.
- For faster processing, you can complete this request online at **scholars-choice.com**.
- 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 mailing address listed. Do not staple.

To request assistance in completing this form call us at **1-888-5-SCHOLAR (1-888-572-4652)**, Monday through Friday from 9:00 a.m. - 10:00 p.m. ET.

1-888-5-SCHOLAR (1-888-572-4652)
Monday to Friday 9:00 a.m. - 10:00 p.m. ET

scholars-choice.com

Regular mailing address:
Scholars Choice
PO Box 219372
Kansas City, MO 64121

Overnight mailing address:
Scholars Choice
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner Information

<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"/>

Account Number(s) (To list more than six Accounts, use a separate sheet.)

(M.I.)

— —

Telephone Number

2. Recurring Contribution/Bank Update

- Complete this section to add, change, or delete a Recurring Contribution from your bank account.
- You can also add, change, or delete a Recurring Contribution by accessing your Account online at **scholars-choice.com**.
- To add Recurring Contribution instructions or multiple bank accounts, complete and include **Section 2A** and **Section 3** for each Account and/or instructions.
- Your contribution will be allocated according to the standing allocation(s) on your Account.

A. **Recurring Contribution.** You can transfer money from your bank account to your Scholars Choice Education Savings Plan Account on a set schedule. (Check all that apply.)

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

Change the investment amount, frequency, and/or debit date on my existing Recurring Contribution. (Provide the new amount and/or debit date below.)

Note: If you wish to skip a scheduled Recurring Contribution, please call **1-888-5-SCHOLAR (1-888-572-4652)**.



- Change the bank account information currently being used for my existing Recurring Contribution.
(Provide the information in Section 3.)
- Delete this option.

Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$, .

Amount (\$25 minimum)

Frequency (Select one.): **Monthly** **Quarterly** (Every three months.)

Start Date:* - -
Date (mm-dd-yyyy)

* Scholars Choice Education Savings Plan must receive instructions at least 3 Business Days prior to the day of the month specified; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

Annual Increase. You may increase your Recurring 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: \$, .

Month:** January February March April May June
 July August September October November December

**The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of the Scholars Choice Education Savings Plan and will also count toward annual federal gift tax exclusion limits.

B. **Add Bank.** Add bank information on file, complete **Section 3.** We will keep your bank instructions on file for future EFT contributions and/or withdrawals.

3. Bank Information

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- This bank account information will be available across all beneficiary's within the same account string.
- Recurring Contributions 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 non-bank financial companies cannot be used.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

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. The named Bank Account Owner(s) must authorize this Recurring Contribution by signing below *(if different than the 529 Account Owner)*.

Name(s) on Bank Account

Bank Account Owner (First name) (M.I.)

Bank Account Owner (Last name) (M.I.)

Signature of Bank Account Owner

 - -
Date (mm-dd-yyyy)

Joint Bank Account Owner (First name) (M.I.)

Joint Bank Account Owner (Last name) (M.I.)

Signature of Joint Bank Account Owner

 - -
Date (mm-dd-yyyy)

4. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your Scholars Choice Education Savings Plan Account.
- SWPs can be established for Qualified Distributions only. We are required to file IRS Form 1099-Q annually for distributions taken from your Scholars Choice Education Savings Plan Account.
- You can have up to two SWPs on your Account.
- If the balance of the Investment Portfolio is less than the SWP amount specified, the SWP instructions will be stopped.

A. Activate the SWP for my Scholars Choice Education Savings Plan Account.

Frequency (Select one.): Monthly Quarterly

Start Date:* — —
Date (mm--dd-yyyy)

End Date:* — —
Date (mm--dd-yyyy)

Amount of withdrawal: \$.

* The first systematic withdrawal will occur on the start date indicated above if received within 3 Business Days of that date; otherwise, the systematic withdrawal will begin the following month. The withdrawal date may occur from the first day of a given month through day 28 of that month. If the date falls on a weekend or holiday, it will be processed on the following business day. The frequency is based on your start date, not calendar year.

Investment Portfolio

\$.
Dollar Amount

Investment Portfolio

\$.
Dollar Amount

Investment Portfolio

\$.
Dollar Amount

B. SWP Recipient.

Account Owner (Address on record.)

Beneficiary (Address on record.)

Bank Account of Account Owner

Please confirm last four digits
Last four digits of Bank Account Number

Eligible college or university (Provide school address below.)

Name of School (Complete only if the distribution is to be sent directly to the school.)

Department/Office/Contact Name

Beneficiary's Student ID

Mailing Address

City

State

—
Zip Code

5. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$250 contribution to an initial Investment Portfolio *(Source Portfolio)*, and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios *(Target Portfolio)*.
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year investment rebalance limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year investment rebalance limit.

Amount: \$ (minimum \$50)
Amount

Frequency *(Select one.):* **Monthly** **Quarterly** *(Based on established date, not calendar quarter.)*

Start Date:* — —
Date (mm/dd/yyyy)

* The Plan must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

Stop Type *(Select one.):*

Stop Date — —
Date (mm/dd/yyyy)

When total amount of Reallocation equals: \$

When Complete Balance of the Source Portfolio is depleted.

Source Portfolio:

Target Portfolio:

Investment Portfolio

\$
Dollar Amount

Investment Portfolio

\$
Dollar Amount

Investment Portfolio

\$
Dollar Amount

6. Systematic Rebalance *(Optional)*

- The Systematic Rebalance feature is only available for Unit Class A and Unit Class I.
- The Systematic Rebalance feature offers the ability to design a customized portfolio that will remain consistent with your predetermined investment objectives over time.
- Selecting this feature will automatically rebalance your portfolio on a quarterly basis in accordance with the target Investment Options on file. If you need to update your target Investment Options prior to this change, please fill out the Change of Investment form.
- Adding, stopping, or restarting the Systematic Rebalance feature at any time after enrollment will count as one of your two allowable Investment Option changes per calendar year. These changes would include adjusting the percentage assigned to each Investment Option.

Add Systematic Rebalance

Delete Existing Systematic Rebalance

7. Signature— YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize Scholars Choice Education Savings Plan or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- 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.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through **scholars-choice.com** provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.
- If I have chosen the Recurring Contribution option, I authorize the Scholars Choice Education Savings Plan and its designees, 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 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that none of the Scholars Choice Education Savings Plan, Collegenest, the Colorado Department of Higher Education, Nuveen Securities LLC., TIAA-CREF Tuition Financing, Inc., Ascensus College Savings Recordkeeping Services, LLC and its affiliates 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 Scholars Choice Education Savings Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as Scholars Choice Education Savings Plan 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 3**.

SIGNATURE _____
 Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
 Date (mm-dd-yyyy)