Scholars Choice Education Savings Plan®

Company Account Application

Scholars Choice
EDUCATION SAVINGS PLAN BY COLLEGEINVEST
Scholars Choice is a registered service mark of CollegeInvest.

For Investors with a Financial Professional through an Employer

- 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.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least $25 or any amount if funded by payroll direct deposit.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description and Participation Agreement.

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
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

1. Account Type

☐ **Individual Account.** I am opening a new Scholars Choice Education Savings Plan Account.

☐ **UGMA/UTMA Account.** I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of ☐☐ *(please abbreviate)* in which the liquidated UGMA/UTMA custodial Account was opened.

SCHOLARS CHOICE COMPANY ACCT APPLICATION

2. Employer Information

Name of Employer

Employer Contact *(First name)* ***(Required)*** *(M.I.)*

Employer Contact *(Last name)* ***(Required)***

Employer Telephone Number

Employer Identification Number

Employer Address

City State Zip Code

☐ **Corporate Plan Eligible.** To qualify for Class I Units as an eligible member of a corporate plan, your employer must be eligible for this program pursuant to the eligibility requirements set out in the Scholars Choice Education Savings Plan Description and Participation Agreement. Your employer must have a Corporate Authorization Agreement with Scholars Choice Education Savings Plan.

3. Account Owner or Custodian Information *(The Account Owner is the person who owns the account and the Custodian of an UGMA/UTMA is the person who manages the account until the minor reaches the age of termination. This person must be at least 18 years old at the time the Account is opened and a contribution is made.)*

Employee Legal Name *(First name)* ***(Required)*** *(M.I.)*

Employee Legal Name *(Last name)* ***(Required)***

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

Birth Date *(mm-dd-yyyy)* ***(Required)***

Primary Telephone Number

Secondary Telephone Number

Email Address

U.S. Permanent Street Address *(P.O. boxes are* ***not*** *acceptable.)* ***(Required)***

City State Zip Code

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

City State Zip Code

4. Beneficiary Information *(The Beneficiary is the person for whom the funds are intended.)*

Legal Name *(First name)* ***(Required)*** *(M.I.)*

Legal Name *(Last name)* ***(Required)***

Social Security or Taxpayer Identification Number ***(Required)*** Birth Date *(mm-dd-yyyy)* ***(Required)***

☐ Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

U.S. Permanent Street Address *(P.O. boxes are not acceptable.)* ***(Required)***

City State Zip Code

Relationship of Account Owner/Custodian to Beneficiary *(Optional)*

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

5. Successor Account Owner/Custodian Information *(Recommended)*

- As the Account Owner/Custodian, you may designate a Successor to take control of the Account *in the event of your death.*
- **Note:** If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination.
- The Successor must be eligible to become an Account Owner/Custodian in the event of death of the current Account Owner/Custodian. The Successor must be an individual residing in the U.S. with a valid Social Security number or Taxpayer Identification number who is at least 18 years of age or Trust *(Foreign Trusts are not eligible)*, at the time the account is transferred and when a contribution is made to the account.
- You may revoke or change your designation later by completing the appropriate form.
- See the Scholars Choice Education Savings Plan Description and Participation Agreement for more information.

Successor's Legal Name *(First name)*/or Trust Name *(Foreign trusts are not eligible.)* *(M.I.)*

Successor's Legal Name *(Last name)*/or Remaining Trust Name

Birth Date or Trust Date *(mm-dd-yyyy)* ***(Required)***

6. Interested Party Information *(Optional)*

Complete this section if you want to have an additional person *(interested party)* receive quarterly account statements.

Interested Party *(First name)* *(M.I.)*

Interested Party *(Last name)*

Mailing Address

City State Zip Code

Telephone Number

Relationship to Account Owner/Custodian.

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

7. Trusted Contact Person Information *(Optional)*

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize the Scholars Choice Education Savings Plan and its present and future direct and indirect subsidiaries, affiliates and successors to contact your Trusted Contact Person and disclose information about your Plan account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

Trusted Contact Person *(First name)* *(M.I.)*

Trusted Contact Person *(Last name)*

— —
Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City State Zip Code —

Relationship to Account Owner/Custodian.

☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

8. Financial Professional *(To be completed by the Financial Professional.)*

Firm Name

Financial Professional Name *(First name)* *(M.I.)*

Financial Professional Name *(Last name)*

Branch Number *(if applicable)* Advisor ID Number BIN *(if applicable)* Matrix Level

Street Address

City State Zip Code —

— —
Telephone Number

Email Address

SIGNATURE
Financial Professional Signature

— — Date *(mm-dd-yyyy)*

Authority of Financial Professional

The Financial Professional indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment portfolio changes, make qualified withdrawals, inquire, and have access to the account. He or she will not be permitted to change the Account Owner/Custodian, Beneficiary, Successor Account Owner/Custodian, Interested Party, firm or Financial Professional. The Financial Professional will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the account.

9. Investment Portfolio Selection *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Portfolios as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

Please select only one Unit Class *(Required).*

☐ Class A with waived sales charge ☐ Class I

Enrollment Year Investment Portfolios:
The asset allocation of money invested in the Enrollment Year Investment Portfolios is automatically adjusted over time to become more conservative as the enrollment year approaches. The assets will remain in your selected Enrollment Portfolio until it merges with the In School Portfolio,* or unless you exchange an Enrollment Portfolio for another Enrollment Portfolio or any other Investment Portfolio.**

2042/2043 Enrollment Portfolio	☐☐☐ %
2040/2041 Enrollment Portfolio	☐☐☐ %
2038/2039 Enrollment Portfolio	☐☐☐ %
2036/2037 Enrollment Portfolio	☐☐☐ %
2034/2035 Enrollment Portfolio	☐☐☐ %
2032/2033 Enrollment Portfolio	☐☐☐ %
2030/2031 Enrollment Portfolio	☐☐☐ %
2028/2029 Enrollment Portfolio	☐☐☐ %
2026/2027 Enrollment Portfolio	☐☐☐ %
In School Portfolio	☐☐☐ %

Target Allocation Portfolios:
The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).**

All Equity Allocation Portfolio	☐☐☐ %
Growth Allocation Portfolio	☐☐☐ %
Balanced Allocation Portfolio	☐☐☐ %
Conservative Allocation Portfolio	☐☐☐ %

Multi-Fund and Individual Fund Portfolios:
The assets will remain in your selected portfolio(s) unless you exchange your selection(s) for a different Investment Portfolio(s).**

Nuveen Large Cap U.S. Equity Index Portfolio	☐☐☐ %
Nuveen Dividend Growth Portfolio	☐☐☐ %
Principal Equity Income Portfolio	☐☐☐ %
T. Rowe Price Large Cap Growth Portfolio	☐☐☐ %
Principal Mid Cap Portfolio	☐☐☐ %
Nuveen U.S. Small Cap Portfolio	☐☐☐ %
Oakmark International Portfolio	☐☐☐ %
DFA Emerging Markets Portfolio	☐☐☐ %
Dodge & Cox Income Portfolio	☐☐☐ %
Dodge & Cox Global Fixed Income Portfolio	☐☐☐ %
Nuveen Money Market Portfolio	☐☐☐ %
Nuveen ESG Large Cap U.S. Equity Portfolio	☐☐☐ %
Nuveen ESG International Developed Equity Portfolio	☐☐☐ %
Nuveen ESG U.S. Aggregate Bond Portfolio	☐☐☐ %
Total	1 0 0 %

* See the Plan Description for details.
** Subject to the two permitted investment rebalances per calendar year.

10. Contribution Method *(Your minimum initial contribution must be at least $25 per account.)*

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Third-party personal checks up to $10,000 endorsed over to the Plan are accepted.

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

A. **Check:** Make check payable to **Scholars Choice Education Savings Plan.**

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to $10,000 endorsed over to the Plan are accepted.

$☐☐☐,☐☐☐.☐☐
Amount

B. **Rollover from another 529 plan or Coverdell Education Savings Account to an Scholars Choice Education Savings Plan Account:**

To roll over proceeds directly from another 529 plan, submit the Plan's **Incoming Rollover Form** along with this application.

C. **Transfer from an existing Scholars Choice Education Savings Plan Account:** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form.**

☐☐☐☐☐☐☐☐☐☐ — ☐☐
Account Number

D. **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

$☐☐☐,☐☐☐.☐☐ Amount of Rollover

$☐☐☐,☐☐☐.☐☐ Principal *(Basis)*

$☐☐☐,☐☐☐.☐☐ Earnings

E. **Payroll Direct Deposit.** You can establish or change Payroll Direct Deposit by logging into your account at **scholars-choice.com**. If you want to make contributions to your Scholars Choice Education Savings Plan 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 Scholars Choice Education Savings Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Scholars Choice Education Savings Plan. Once this is received please enter this information on your employer self-service portal *(if available)* or provide your signature and Social Security or tax payer identification number on this form and submit 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 Scholars Choice Education Savings Plan Accounts.

Amount of Payroll Direct Deposit each pay period: $☐,☐☐☐.**0 0**

F. **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Scholars Choice Education Savings Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **scholars-choice.com** or by calling **1-888-5-SCHOLAR (1-888-572-4652)**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 10F** and **11** for each additional Recurring Contribution instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 11.**

Amount of Debit: ☐ $25 ☐ $50 ☐ $100 ☐ $150 ☐ $250 ☐ Other $☐,☐☐☐.**0 0**
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 next scheduled Recurring Contribution; 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: $ ☐,☐☐☐.0 0

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

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

G. **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 11.** The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

$ ☐☐☐,☐☐☐.☐☐
Amount

11. Bank Information *(Required to establish the Recurring Contribution or EFT service.)*

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.

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

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

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

Bank Account Owner *(Last name)*

SIGNATURE
Signature of Bank Account Owner

Date *(mm-dd-yyyy)*

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

Joint Bank Account Owner *(Last name)*

SIGNATURE
Signature of Joint Bank Account Owner

Date *(mm-dd-yyyy)*

12. A. 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: $☐☐,☐☐☐.00 *(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:** $☐☐☐,☐☐☐.00

☐ **When Complete Balance of the Source Portfolio is depleted.**

Source Portfolio: _____

Target Portfolio:

_____ $☐☐,☐☐☐.00
Investment Portfolio — Dollar Amount

_____ $☐☐,☐☐☐.00
Investment Portfolio — Dollar Amount

_____ $☐☐,☐☐☐.00
Investment Portfolio — Dollar Amount

B. Systematic Rebalance:

- Systematic Rebalance is only available for Class A and Class I Units.
- Systematic Rebalance offers you the ability to design a customized portfolio that will remain consistent with your predetermined investment objectives over time.
- Selecting this option will automatically rebalance your portfolio on a quarterly basis in accordance with the target allocations on file.
- Adding, stopping, or restarting the Systematic Rebalance at any time after enrollment, will count as one of your two investment rebalances allowed per calendar year. These changes would included adjusting the percentage assigned to each investment option.
- When electing the Systematic Rebalance option you many select only one unit class.

This option requires you to select at least **two** Investment Portfolios from **Section 9** equaling 100%.

☐ I wish to select the Systematic Rebalance option. *(The investment allocations that make up your customized portfolio must be selected in **Section 9.**)*

13. Signature and Certification — YOU MUST SIGN BELOW

By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in the Scholars Choice Education Savings Plan (the "Plan") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan.

CollegeInvest, a division of the Colorado Department of Higher Education, is the Plan Administrator (the "Administrator"). I understand that the Plan Administrator has retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Scholars Choice Education Savings Plan Description and its Participation Agreement (the "Plan Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Plan Description.

I certify that all of the information provided by me on this **Company Account Application** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I have received, read and understand the Plan Description and the Participation Agreement.
- I understand that the Plan may, from time to time, amend the Plan Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- By signing the **Company Account Application**, I consent and agree to authorize my Financial Professional to access my Account and perform certain transactions on my behalf as explained in **Section 8** of the **Company Account Application**.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Educations Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in **Section 11**, I authorize the *Scholars Choice Education Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- 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.

SIGNATURE

Signature of Account Owner/Custodian

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

I will retain a copy of this Account Application, the Plan Description and the Participation Agreement (contained in the Plan Description) with my records.

nuveen
A TIAA Company

FAP-COENROLLCO-0425D