



**Start Date:**  /  /   
Date (month, day, year)

Your bank account will be debited (money will be withdrawn) on the 20th of any month, unless you pick a different day. Your bank account will be debited on the date you select, and your investment will be credited (money will be added) to your Direct Portfolio account on the *previous business day*. **Note:** AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

**Annual AIP increase.\*** If you choose AIP, you can also sign up to increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year according to the information you provide below. **Note:** A plan of regular investment cannot ensure a profit or protect against a loss in a declining market.

**Amount of Increase:** \$  .   **0 0**

**Month:**  This is the month in which your AIP contribution will be increased. The first increase will occur at the next occurrence of the month you selected.

\*Annual AIP increases are subject to general contribution limits of the Plan and will also count toward annual federal gift-tax exclusion limits.

**B. EBT.** Allows you to make one-time or periodic transfers of \$25 or more from your bank account to your Direct Portfolio account by phone or online. *(To establish or change this service for your account, provide your bank information in **Section 3**.)*

Add  Change  Delete *(Skip to **Section 4**.)*

### 3. Bank Information

- Complete this section only if you are adding the AIP or EBT option to your account or are changing your bank account information.
- Important:** The AIP and EBT options can be established only on 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 can't be used.

Please check this box to confirm that your electronic transfers won't involve a bank or other financial services company, including any branch or office, located outside the territorial jurisdiction of the United States. If you're unable to confirm this, your AIP or EBT request may not be processed.

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.

### 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.
- If I have chosen an electronic money-transfer option, I authorize the Plan 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 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 involving my account must comply with U.S. law. I further agree that the Plan, Ascensus College Savings Recordkeeping Services, LLC, and their respective affiliates will not 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 written notification to the Plan and Ascensus College Savings Recordkeeping Services, LLC. The termination request will be effective as soon as the Plan and Ascensus College Savings Recordkeeping Services, LLC, 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.

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**Signature of Account Owner** *(If the account owner is a minor, the designated parent or guardian must sign.)*

/  /

Date (month, day, year)