

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's Name (first, middle initial, last)

SIGNATURE
Signature of Bank Account Owner

Date (mm/dd/yyyy)

Joint Bank Account Owner's Name (first, middle initial, last)

SIGNATURE
Signature of Joint Bank Account Owner

Date (mm/dd/yyyy)

4. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish systematic withdrawals from your Scholar's Edge account.
• SWPs can be established for Qualified Withdrawals only. We are required to file IRS Form 1099-Q annually for withdrawals taken from your Scholar's Edge account.
• You can have up to two SWPs on your Account.
• If the balance of the Investment Option is less than the SWP amount specified, the SWP instructions will be stopped.

Important: Your withdrawal will be held if a contribution is not on deposit for 5 Business Days, or 10 Business Days if the address to which you have requested the withdrawal to be sent has changed. The withdrawal will be released when the specified waiting period has been satisfied.

A. Activate the SWP for my Scholar's Edge account.

Frequency (Select one.): Monthly Quarterly Semi-Annually Annually

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 Option Dollar Amount

Investment Option Dollar Amount

Investment Option Dollar Amount

B. SWP Recipient.

- Account Owner (Address on record.)
Beneficiary (Address on record.)
Bank Account of Account Owner
Bank Account of Beneficiary

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

or Send to bank added in Section 3

6. Dollar-Cost Averaging *(Optional)*

- The minimum contribution to Dollar-Cost Averaging is **\$1,000**. By selecting this feature, you authorize Scholar’s Edge to exchange money automatically from one Portfolio to another on a monthly basis. The minimum exchange amount is \$25.00 per Portfolio.

Note: If the Dollar-Cost Averaging is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will not count as an Investment Exchange. However, if you make any changes to your Dollar-Cost Averaging selections, that will count as an Investment Exchange. The allocations will be made on the day of the month you specify below, or if no day is specified, on the 15th of the month. If such day is not a business day, the allocation will occur on the next succeeding business day and will continue until the Dollar-Cost Averaging has completed per the instructions below. Stopping or changing the automatic allocation instructions with respect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for purposes of Investment Exchange limitations. See the Scholar’s Edge Plan Description and Participation Agreement.

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

Frequency *(Check one.):* **Monthly** **Quarterly** *(Every three months)* **Semi-Annually** **Annually**

Day of Allocation Exchange:
(dd)

Stop Type: Complete Portfolio Balance
(Check one)

Specify Total Exchange Amount **\$**
(If less than complete Portfolio balance) (\$1,000.00 minimum)

Stop Date - -
Date (mm/dd/yyyy)

I authorize the Scholar’s Edge Plan to exchange from the following Investment Option.

From Investment Option *(\$1,000.00 minimum initial Portfolio investment)* **\$**
Amount (\$25.00 minimum per month)*

To the following Investment Options

To Investment Option **\$**
Amount (\$25.00 minimum per Portfolio)*

To Investment Option **\$**
Amount (\$25.00 minimum per Portfolio)*

To Investment Option **\$**
Amount (\$25.00 minimum per Portfolio)*

* Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

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 Scholar’s Edge Plan Description and Participation Agreement as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize Scholar’s Edge 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.
- If I have chosen the Recurring Contribution, I authorize Scholar’s Edge 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 Scholar’s Edge, The Education Trust Board of New Mexico, 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 Scholar’s Edge and the bank by telephone or in writing, and that the termination request will be effective as soon as Scholar’s Edge 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

□□ — □□ — □□□□

Date (mm/dd/yyyy)