## Scholar's Edge®

## **Account Features Form**



- Use this form to add, change, or delete Recurring Contributions, Bank Information, and Systematic Withdrawal Program (SWP) to your Scholar's Edge account.
- 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.

Forms can be downloaded from our website at **scholarsedge529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE** (1.866.529.7283), Monday through Friday 8:00 a.m. to 7:00 p.m. MT.

IÜ## N	.866.529.SAVE (1.866.529.7283) Monday through Friday :00 a.m. to 7:00 p.m. MT
s s	cholarsedge529.com
FAX 6	17-559-8951
Regula	r mailing address:
"	ar's Edge
PO Bo	ox 219798
Kansa	is City, MO 64121-9798
· '	ght mailing address:
Schol	ar's Edge
1001 E	101st Terrace, Suite 200

Kansas City, MO 64131

1.	Account Owner Information	
	Account Number(s) (To list more than six Accounts, use a separate sheet.).	
	Name of Account Owner (first, middle initial, last)	
	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 scholarsedge529.com.
- To add Recurring Contribution instructions or multiple bank accounts, complete and include Section 2A and Section 3 for each Account and/or instructions.
- Recurring Contributions will be unavailable for withdrawal for 5 Business Days.
- Your contribution will be allocated according to the standing allocation(s) on your Account.



3.

A. Recurring Contribution. You can transfer money from your bank account to your Scholar's Edge account on a set schedule. (Check all that apply.)
Add this option to my Account. (Provide the information below and in <b>Section 3</b> .)
Change the investment amount, frequency, and/or debit date on my existing Recurring Contributions. (Provide the new amount and/or debit date below.)  Note: If you wish to skip a scheduled Recurring Contribution, please call 1.866.529.SAVE (1.866.529.7283).
Change the bank account information currently being used for my existing Recurring Contribution. (Provide the information in <b>Section 3</b> .)
Delete this option.
Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$_, 0 0
Frequency (Select one.): Quarterly (Every three months.)
Start Date:* Date (mm/dd/yyyyy)
* Scholar's Edge must receive instructions at least 5 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 Contributions 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 Scholar's Edge and will also count toward annual federal gift tax exclusion limits.
B. Add Bank. Add bank information on file, complete <b>Section 3</b> . We will keep your bank instructions on file for future Electronic Benefits Transfer contributions and/or withdrawals.
Bank Information
Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
• 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.
Pank Nama
Bank Name  Account Type Bank Routing Number  Bank Account Number  Bank Account Number  Check One.)  Checking Saving:

**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.

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#### **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: (Check one)	Complete Portfolio Balance	
	Specify Total Exchange Amount (If less than complete Portfolio balance)  \$ (\$1,0	000.00 minimum)
	Stop Date Date	
I authorize the Scholar's Edge F	Plan to exchange from the following Investment Opt	ion.
From Investment Option (\$1,000.00 minimu	m initial Portfolio investment)	Amount* (\$25.00 minimum per month)
To the following Investment Op	tions	
		\$,
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)

<sup>\*</sup> 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)