

4 Signature—YOU MUST SIGN BELOW

By checking this box and signing this form, I am giving permission for my financial advisor to give instructions to Scholar’s Edge to process investment option changes, non-qualified and qualified withdrawals and to establish recurring contributions using the existing banking information on file that I request for all accounts I own identified in **Section 2**. I understand that the withdrawal will only be issued to me via check to my home address, transferred to my bank account on record, or sent directly to an educational institution. I understand that I may cancel this feature at any time by notifying the Program Manager or its service provider. I understand that neither Scholar’s Edge nor its affiliates, agents or service providers nor my financial advisor are liable for any loss, injury, damage or expense resulting from acting upon instructions purporting to be from my financial advisor on my behalf, but which were not, in fact given, by my financial advisor.

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the Scholar’s Edge Plan Description and Participation Agreement.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Advisor

□□ — □□ — □□□□

Date (mm/dd/yyyy)