WA529

1-844-529-5845

529invest.wa.gov

Regular mailing address:

Kansas City, MO 64121-9072

WA529 Invest

PO Box 219072

Monday to Friday 8 a.m. - 7 p.m. PT

WA529 Invest

Account Features Form

- Use this form to add, change, or delete Recurring Contributions and Bank Information to your WA529 Invest (Program) Account.
- For faster processing, you can complete this request online at **529invest.wa.gov**.
- 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.

To request assistance in completing this form call us at **1-844-529-5845** Monday to Friday 8 a.m. - 7 p.m. PT.

Account Owner Information	Overnight mailing address: WA529 Invest			
	1001 E 101st Terrace, Suite 200			
	Kansas City, MO 64131			
Account Number(s) (To list more than six Accounts, use a separate sheet.).				
Account Owner (First name)	(M.I.,			
Account Owner (Last name)				
Telephone Number				

2. Recurring Contribution/Bank Update

- Complete this section to add, change, or delete a Recurring Contribution to your Account from your bank account.
- You can also add, change, or delete a Recurring Contribution by accessing your Account online at 529invest.wa.gov.
- To add Recurring Contribution instructions or multiple bank accounts, complete and include **Section 2A** and **Section 3** for each account and/or instructions.
- You will not be able to withdraw a Recurring Contribution until eight (8) business days after we receive that contribution.
- Your contribution will be allocated according to the standing allocation(s) on your Account.



A. [] Recurring Contribution. You can transfer money from your bank account to your WA529 Invest Account on a set schedule. (Check all that apply.)
Add this option to my Account. (Provide the information below and in Section 3 .)
Change the investment amount, frequency, and/or debit date on my existing Recurring Contribution. (Provide the new amount and/or debit date below.) Note : If you wish to skip a scheduled Recurring Contribution, please call 1-844-529-584
Change the bank account information currently being used for my existing Recurring Contribution. (Provide the information in Section 3.)
Delete this option.
Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$_, _ O O Amount
Frequency (Select one.): Quarterly (Every three months.)
Start Date:* Date (mm-dd-yyyy)
* WA529 Invest must receive instructions at least 3 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 Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. If you elect this service, we'll automatically increase the amount of your recurring contributions each year. Please note that we will implement the increase each year in the month you specify until you opt out of this service. The increases will happen automatically without further notice to you.
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 WA529 Invest ar will also count toward annual federal gift tax exclusion limits.
B. Add Bank. Add bank information on file, complete Section 3 . We will keep your bank instructions on file for future electron funds transfer contributions and/or withdrawals.

3. 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.
- This bank account information will be available across all Beneficiaries within the same Account string.

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
Note: The routing number is usually local The named Bank Account Owner(s) must					
Name(s) on Bank Account					
Bank Account Owner (First name)					(M.I.)
Bank Account Owner (Last name)					
SIGNATURE Signature of Bank Account Owner		Date (m.	m-dd-yyyy)	-	
Joint Bank Account Owner (First name)					(M.I.)
Joint Bank Account Owner (Last name)					
SIGNATURE Signature of Joint Bank Account Owner		Date (m.	m-dd-yyyy)	-	

4. Systematic Withdrawal Program (SWP) (Optional)

- Complete this section to establish periodic withdrawals from your WA529 Invest Account.
- SWPs can be established for Qualified Withdrawal Expenses only. We are required to file IRS Form 1099-Q annually for withdrawals taken from your WA529 Invest Account.
- You can have up to two SWPs on your Account.
- If the balance of the Portfolio is less than the SWP amount specified, the SWP instructions will be stopped.

Important: You will not be able to withdraw a contribution until eight (8) business days after we receive that contribution, 20 business days after we have received the request to change your mailing address or 30 calendar days after we have received a request to change to your banking information on file.

Activate the SWP for my WA529 Invest Account.	
Frequency (Select one.): Monthly Quarterly Semi-Annually	Annually
Start Date:* Date (mmdd-yyyy) End Date:* Date (mmdd-yyyy)	
Amount of withdrawal: \$,	
* The first systematic withdrawal will occur on the start date indicated above if received with otherwise, the systematic withdrawal will begin the following month. The withdrawal date a given month through day 28 of that month. If the date falls on a weekend or holiday, it will business day. The frequency is based on your start date, not calendar year.	may occur from the first day of
Portfolio	\$,
Tortiono	\$ 0 0
Portfolio	Dollar Amount
	\$ 0 0
Portfolio	Dollar Amount
Beneficiary (Address on record.) Bank Account of Account Owner Please confirm last four digits	
Last four digits of Bank Account Number	
Eligible college or university (Provide school address below.)	
Name of School (Complete only if the withdrawal is to be sent directly to a school.)	
Department/Office/Contact Name	
Beneficiary's Student ID	
Mailing Address	
City State Zip Code	

5. Automatic Dollar-Cost Averaging Program (Optional)

Automatic dollar-cost averaging allows you to reallocate from one Portfolio to one or more other Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a lump sum contribution to an initial Portfolio (Source Portfolio), and at the time of the contribution, designate automatic periodic allocations to one or more other 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 Portfolio
 change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this
 completed form to the Program.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar
 year Portfolio change limit.

Amount: \$, 0 0	
Frequency (Select one.): Monthly Quarterly (Based on establish	ed date, not calendar quarter.)
Start Date:* Date (mm/dd/yyyy)	
* The Program must receive instructions at least 3 business days prior to the indicat statements for details of these transactions. If the date is not specified, this optio request, on the 15th day of the month.	
Stop Type (Select one.):	
Stop Date	
When total amount of Reallocation equals: \$,	. 0 0
When Complete Balance of the Source Portfolio is depleted.	
Source Portfolio:	
Target Portfolio:	
Portfolio	\$,,,00
Portfolio	\$, 0 0
Portfolio	\$,

6. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the WA529 Invest Program Details Booklet as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize WA529 Invest 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.
- You should be aware that by providing banking information, you also authorize the Program 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 529invest.wa.gov 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.
- If I have chosen the Recurring Contribution option, I authorize the WA529 Invest 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 the WA529 Invest, the State of Washington, the Washington Student Achievement Council, TIAA-CREF Tuition Financing, Inc., 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 WA529 Invest and the bank by telephone or in writing, and that the termination request will be effective as soon as WA529 Invest 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**.

