



COLLEGE SAVINGS PROGRAM
BY COLLEGEINVEST®

Account Maintenance

(Address, Successor Account Owner or Interested Party Changes;
Add or Change Contribution Services and/or Banking Information;
Legal Name Change; Pre-Authorization to Financial Professional)

Check with your financial professional to see if any of this information can be processed over the phone (888-572-4652), via fax (508-599-4157), or by visiting scholars-choice.com/accountaccess. These services may not be available at all selling institutions.

1. Current Account Information

<input type="text"/>	<input type="text"/>
Account Owner Name (First, Middle Initial and Last)	Account Owner Social Security Number or TIN ¹
<input type="text"/>	<input type="text"/>
Beneficiary Name (First, Middle Initial and Last)	Account Owner Telephone Number
<input type="text"/>	<input type="text"/>
Account Number(s)	Financial Representative Telephone Number

2. Change of Address

Check the appropriate box and enter the information that has changed. The account owner cannot make withdrawals within 30 days of an address change without a Medallion Signature Guarantee.

- | | | |
|---|---|--|
| <input type="checkbox"/> Account Owner – the account indicated in Section 1 | <input type="checkbox"/> Responsible Individual | <input type="checkbox"/> Successor Account Owner |
| <input type="checkbox"/> Account Owner – all accounts under my Social Security Number or TIN ¹ | <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Interested Party |

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Street Address (PO Boxes not permitted)	City	State	ZIP Code
<input type="text"/>			
Mailing Address, if different (PO Boxes permitted)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	Telephone Number

3. Successor Account Owner (not permitted for UTMA/UGMA Accounts)

- Successor account owner has no financial rights to the account while the account owner is alive.
- Upon the death of the account owner, ownership of all assets in the account will be transferred to the named successor account owner. If a successor account owner is not established on the account, the beneficiary will become the account owner in the event of the account owner's death. A successor account owner cannot be a minor and cannot be established for UTMA/UGMA accounts.
- To remove the current successor account owner and **not** establish a new successor account owner, check the "Remove Current Successor Account Owner" box.

<input type="checkbox"/> Add or Change	<input type="checkbox"/> Remove Current Successor Account Owner
<input type="text"/>	
Name (First, Middle Initial and Last or Name of Entity)	
<input type="text"/>	
Mailing Address (PO Boxes permitted)	
<input type="text"/>	<input type="text"/>
City	ZIP Code
<input type="text"/>	<input type="text"/>
Social Security Number or TIN ¹	Telephone Number
<input type="text"/>	<input type="text"/>
Date of Birth, if individual (mm/dd/yyyy)	Telephone Number

¹ Taxpayer Identification Number



4. Contribution Services and Banking Information

Complete this section if you would like to establish, change or cancel contribution services and/or Banking Information. Please check one of the three boxes below, then complete Section 4a and/or Section 4b. The Banking Information Section 4c must be completed to establish or change contribution services.

- Establish new instructions.
 Change instructions.
 Cancel all instructions.

4a) Automatic Funds Transfer

By electing Automatic Funds Transfer (AFT), you are establishing **recurring** transfers from your personal bank account for deposit into your Scholars Choice account. If you elect this service, you hereby authorize the Program to initiate transfers from your bank account into your Scholars Choice Account in accordance with the following instructions. It may take up to 10 business days to initiate your first AFT. **You must complete the Banking Information Section below.**

Check with your financial professional if multiple investment options can be held in one account.

Enter Amount of Recurring Contribution:	Amount	Investment Option Name
(minimum of \$50 for subsequent contributions)	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Date(s) of Transfer: Enter date(s) of the month, (e.g., for 1st of month, enter 01): and If you indicate two dates, contributions will occur twice a month. If no date is indicated, the default date is the 15th of the month.

1st date 2nd date

Check with your financial professional if only specific dates are permissible.

Frequency of Contributions:

- Every Month
- Or, check the month(s) that apply:
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

4b) Electronic Purchase Service (if applicable)

By electing Electronic Purchase Service, you will be able to make Electronic Funds Transfer contributions at any time over the Internet at www.scholars-choice.com/accountaccess or by phone (888-572-4652). This service may not be available at all selling institutions. **You must complete the Banking Information Section below.**

4c) Banking Information

You must tape a voided check from your checking account or savings deposit slip from your savings account. A letter signed by your bank verifying your account information will also be accepted.

Type of Bank Account: Checking Savings

Registered Bank Account Owner(s) Name(s):

Name (First, Middle Initial and Last)

Name (First, Middle Initial and Last)

All registered bank account owners must authorize this AFT and/or Electronic Purchase Service by signing here:

Signature

Date

Signature

Date

TAPE A VOIDED CHECK HERE:

VOID

5. Interested Party

Complete this section if you want to designate an additional person to receive confirmations and quarterly statements. This person will NOT have authority to conduct transactions on the account owner's behalf.

Add or Change Interested Party Remove Interested Party

Name (First, Middle Initial and Last)

Mailing Address (PO Boxes permitted)

City

State

ZIP Code

6. Legal Name Change

Complete this section to notify Scholars Choice that your name has changed due to marriage, divorce or other reasons. **A Medallion Signature Guarantee is required below if this section is being used to change the Account Owner's legal name.**

Account Owner (all accounts under my ss#) Beneficiary (No MSG is required)

Print Previous Name (First, Middle Initial, Last)

Print New Name (First, Middle Initial, Last)

Signature (Previous Name)

Signature (New Name)

Medallion Signature Guarantee

A Medallion Signature Guarantee is a written endorsement from an eligible guarantor institution that the signature(s) on the request is (are) valid. The guarantee can be provided by any eligible financial institution, including: banks, broker/dealers, credit unions, and national securities exchanges and savings associations. No other form of signature verification will be accepted. Please note that a Notary Public stamp or seal is not acceptable.

Please check with your financial professional to find out which additional documentation may be required to obtain a Medallion Signature Guarantee.

I certify that the information I have provided in Section 6 regarding a change of my legal name is true and that I am authorized to make such changes.

Signature of Account Owner or Current Responsible Individual



Date



Affix Medallion Signature Guarantee Stamp below:

7. Pre-Authorization to Financial Professional

Financial Professional Authorization for Future Investment Option Changes and Withdrawals

By checking this box and signing this form, I am giving permission to my financial professional to give instructions to Scholars Choice to process investment option changes, non-qualified and qualified withdrawals that I request for all accounts I own for the beneficiary identified in Section 1 of this form. For each withdrawal request, the maximum request for withdrawal is \$50,000 per account. 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 the 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 Scholars Choice nor CollegenInvest nor its affiliates, agents or service providers nor my financial professional are liable for any loss, injury, damage or expense resulting from acting upon instructions purporting to be from my financial professional on my behalf, but which were not, in fact given, by my financial professional.

Financial Professional Name (Must be broker of record on this account.)

8. Signature

I hereby authorize the Program Manager or its service provider to act on my instructions as indicated on this form. I understand that if I have changed my address or the account owner, I cannot withdraw the funds within 30 days of the change without a Medallion Signature Guarantee.

If the account is a minor-owned account or is funded with UTMA/UGMA assets, I further certify that I am the guardian/custodian of the account in question, and that this request is necessary for the welfare of the beneficiary. 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.

I understand that investments in Scholars Choice are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of Colorado, CollegenInvest, QS Legg Mason Global Asset Allocation, LLC, Legg Mason Investor Services, LLC, or Legg Mason, Inc. or its affiliates, and are subject to investment risks, including loss of principal amount invested.

Signature of Current Account Owner or Current Responsible Individual	Date
▶	▶

Please return this form and supporting documents, if applicable, to your financial professional or to other address based on his or her instructions. For a copy of the Program Disclosure Statement, visit scholars-choice.com.

For online account access and to sign up for electronic delivery of quarterly account statements, confirmations, tax form 1099-Q and the Program Disclosure Statement and Amendments, go to scholars-choice.com/gopaperless.