

**CollegeChoice529<sup>★</sup>**  
DIRECT SAVINGS PLAN

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.** We are required by federal law to obtain from each person who opens an Account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to verify your identity.

**CollegeChoice 529 Direct Savings Plan**  
**The Promise**  
**95 Wells Ave., Suite 155**  
**Newton, MA 02459-3204**

Legal Name (First name) (m.i.)

Legal Name (Last name)

Birth Date/Trust Date (mm/dd/yyyy)

-    -      
 Telephone Number (In case we have a question about your Account.)

Email Address

Permanent Street Address (*P.O. box is **not** acceptable.*)

City

State

-

Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record and for all Account mailings.)

City

State

—

Zip Code



## 2. Beneficiary information *(The Beneficiary is the future student.)*

Legal Name (First name) (m.i.)

Legal Name (Last name)

Birth Date (mm/dd/yyyy)

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

☐ Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address

City

State

—

Zip Code

### 3. Successor Account Owner information *(Optional)*

- The Successor Account Owner will take control of the Account in the event of the Account Owner's death or legal incompetence.
- You may revoke or change the Successor Account Owner at any time. See the Disclosure Statement for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

Legal Name (First name) (m.i.)

Legal Name (Last name)

—  —   
Birth Date (mm/dd/yyyy)

#### 4. School information *(Required)*

School's County

Graduation Year

## 5. Investment Option selection

- Before choosing your Investment Option(s), see the Disclosure Statement (*also available at [www.collegechoicedirect.com](http://www.collegechoicedirect.com)*) for complete information about the investments offered.
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.
- If you do not choose an investment allocation, you will be automatically enrolled in the Age-Based Option. You can change your future asset allocation at any time by signing into your account preferences at [www.collegechoicedirect.com](http://www.collegechoicedirect.com).

### Age-Based Option:

The asset allocation of money invested in the Age-Based Option is automatically adjusted over time to become more conservative as the Beneficiary approaches college age.

### Age-Based Option\*

□ □ □ %

\*By selecting the age-based option, you will automatically be enrolled into the portfolio closest to your child's age.

Individual Portfolios:

The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

Active Bond Portfolio

□ □ □ %

Bond Index Portfolio

□ □ □ %

### Inflation-Protected Portfolio

□ □ □ %

International Portfolio

□ □ □ %

## Money Market Portfolio

□ □ □ %

Savings Portfolio  
(FDIC-Insured)

□ □ □ %

Short-Term Bond Index Portfolio

□ □ □ %

## U.S. Equity Index Portfolio

□ □ □ %

100%

## 6. Initial contribution

**Champion Pledges:** You may fund your account through Ugift® with pledges received from your champions.

Additional contributions of at least \$10 can be made at any time once your account is established by going online to **[www.collegechoicedirect.com](http://www.collegechoicedirect.com)** and logging into your account. You can make additional contributions the following ways:

- Electronic funds transfer from your checking or savings account
- Automatic investment plan with scheduled contributions in set amounts from your checking or savings account
- Payroll deduction (of \$10 or more) through participating employers
- Check (made payable to CollegeChoice 529 Direct Savings Plan)

## 7. SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in CollegeChoice 529. I certify that:

- I have received, read, and understand the terms and conditions of the Disclosure Statement. I understand that by signing **The Promise Enrollment Form**, I am agreeing to be bound by the terms and conditions of the Disclosure Statement. I understand that **The Promise Enrollment Form** shall be construed, governed by, and interpreted in accordance with the laws of the State of Indiana.
- Except as set forth below, I understand that the Disclosure Statement and **The Promise Enrollment Form** constitute the entire agreement between myself and the Trust (*as defined in the Disclosure Statement*). No person is authorized to make an oral modification to this agreement.
- I understand that my Account in CollegeChoice 529 is not insured by the State of Indiana or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Indiana, the Authority or any other governmental entity, the Trust, the Program Manager, the Investment Managers, or any of their affiliates (*each, as defined in the Disclosure Statement*). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in CollegeChoice 529 that is insured by the Federal Deposit Insurance Corporation (FDIC), up to limits set by the FDIC. I understand that there is no assurance that my Account under CollegeChoice 529 will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (*except for the Savings Portfolio as described in the Disclosure Statement*).
- I understand that contributions that cause the total balance of this Account and any other Accounts established in CollegeChoice 529 and in any other Qualified Tuition Program offered by the State of Indiana on behalf of the Beneficiary designated in **Section 2 of The Promise Enrollment Form** to exceed the Maximum Account Balance established by the Authority are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor.
- **I agree to the terms of the predispute arbitration clause as described under the heading “Arbitration” in the General Provisions section of the Disclosure Statement.**
- I certify that all of the information that I provided on **The Promise Enrollment Form** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern CollegeChoice 529.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)