

Instructions

- **Complete** all sections of this form to add or change your Automatic Contribution Plan (ACP) and/or Electronic Purchase Option.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address. You must include a pre-printed voided check or a pre-printed deposit slip to add or change bank information.
- A Signature Validation Program (SVP) Stamp is required for entity Account Owners or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 6.

1 Account Information (You must provide all requested information.)

<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p style="text-align:center; font-size:small;">Plan Account Number</p>																	<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> <p style="text-align:center; font-size:small;">Telephone Number</p>																				
<p style="font-size:small;">Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name</p>																																					
<p style="font-size:small;">Beneficiary Name (First, MI, Last, Suffix)</p>																																					

2 What would you like to do? (Check all that apply.)

Automatic Contribution Plan (ACP) (Complete Sections 3, 4 and 5)		
<input type="checkbox"/> Establish/Modify	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information
Electronic Purchase Option (Complete Sections 4 and 5)		
<input type="checkbox"/> Establish	<input type="checkbox"/> Delete	<input type="checkbox"/> Change bank information

3 Automatic Contribution Plan (ACP) Instructions

Contribution Amount

\$.00

Investment Dates

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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Month(s)

Select the month(s) you would like your Automatic Contributions made (you must select at least one).

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan. <input type="checkbox"/> Apr. <input type="checkbox"/> Jul. <input type="checkbox"/> Oct.	<input type="checkbox"/> Feb. <input type="checkbox"/> May <input type="checkbox"/> Aug. <input type="checkbox"/> Nov.	<input type="checkbox"/> Mar. <input type="checkbox"/> Jun. <input type="checkbox"/> Sep. <input type="checkbox"/> Dec.
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Date(s)

Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

4 Allocation Instructions

(Check one box)

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
 - Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
 - The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
 - These allocation instructions will not apply to payroll contributions, if any.

You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Option Name (Investment Option Code)	Whole Percentage (per Investment Option)	Check if new Investment Option¹
Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
Aggressive Managed Allocation Option (Age based)	%	<input type="checkbox"/> New Option
100% Equity Option (1213)	%	<input type="checkbox"/> New Option
Balanced Fund Option (1214)	%	<input type="checkbox"/> New Option
Fixed Income Option (1389)	%	<input type="checkbox"/> New Option
Guaranteed Option (1215)	%	<input type="checkbox"/> New Option
Money Market Option (1390)	%	<input type="checkbox"/> New Option
TOTAL	100%	

5 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form.

Type of Account (check one):	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number:	Routing Number:
Name(s) on Account (The Account Owner, Custodian or Entity name must appear on the bank account.)	
Bank Name:	Telephone Number:

¹ If a new Investment Option is opened, a different option number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

6 Signature and Authorization *(You must sign this section for these changes to take effect.)*

By signing this form, I authorize the *Path2College 529 Plan* to debit your bank account and to deposit such funds into my Plan Account, or to cease such debits, as requested on this form. If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the *Path2College 529 Plan* nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below.¹)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity

Date

Important Information

A Signature Validation Program Stamp is required for all entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided.

Note: The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE



Mail this form to:
Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924