



## CollegeAdvantage Direct 529 Savings Plan Account Application

**Read the Offering Statement and Participation Agreement before opening an Account as it contains important information you need to know before investing in the CollegeAdvantage Direct 529 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, date of birth, and Social Security Number/Taxpayer Identification Number among other information—that will be used to verify your identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Open an Account at **www.CollegeAdvantage.com** or complete this form to establish an Account.
- Your initial investment, by any source of funds, must total at least \$25 unless you are selecting a Fifth Third 529 Certificate of Deposit — **CDs require a \$500 minimum contribution.**
- 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 address below. Do not staple.

Forms can be downloaded from our website at **www.CollegeAdvantage.com**, or you can call us to order any form—or request assistance in completing this form—at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

**CollegeAdvantage Direct 529 Savings Plan  
P.O. Box 219305  
Kansas City, MO 64121-9305**

For overnight delivery or registered mail, send to:

**CollegeAdvantage Direct 529 Savings Plan  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131**

### 1. Account type

- Select one of the Account types below.
- If you do not select an Account type, we will open an Individual Account for you.

**Individual Account.** I am opening a new 529 Plan Account.

**UGMA/UTMA Account.** I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.



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## 6. Investment Option selection

- **Before choosing your Investment Option(s), see the *Offering Statement and Participation Agreement* (also available at [www.CollegeAdvantage.com](http://www.CollegeAdvantage.com)) for complete information about the investments offered.**
- If you would like to choose investment portfolios for your initial funding complete Section A. If you would like to invest in a Certificate of Deposit complete Section B. If you select Section A, the portfolio percentages you select will be your Future Contribution Allocation Instructions until you notify us otherwise. Please consider your investment time horizon when selecting Investment Option(s).

### A. Investment Portfolios

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

#### Vanguard Ohio Target Enrollment Portfolios

(Your investment mix automatically becomes more conservative as the beneficiary nears the target enrollment year.)

Vanguard Ohio Target Enrollment 2042/2043 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2040/2041 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2038/2039 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2036/2037 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2034/2035 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2032/2033 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2030/2031 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2028/2029 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2026/2027 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2024/2025 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Target Enrollment 2022/2023 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Ohio Commencement Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

#### Year of Enrollment Date Portfolios

The asset allocation of money invested in the Year of Enrollment Date Portfolios is automatically adjusted over time to become more conservative as the Beneficiary approaches enrollment. Your assets will be automatically invested in the Year of Enrollment Date Portfolio that matches your Beneficiary's date of birth.

Advantage Age-Based Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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#### Ready-Made Risk-Based Portfolios

Vanguard Aggressive Growth Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Growth Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Moderate Growth Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Conservative Growth Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Income Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

#### Individual Investment Options

##### MUTUAL FUND BASED OPTIONS

##### International Equity Options (Stocks)

Dimensional Fund Advisors - World ex U.S. Core Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Total International Stock Index Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

##### U.S. Equity Options (Stocks)

Vanguard Strategic Equity Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Extended Market Index Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard U.S. Growth Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Windsor II Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard 500 Index Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

##### Balanced Option (Mix of Stocks and Bonds)

Vanguard Wellington Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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##### Fixed Income Options (Bonds)

Vanguard High Yield Corporate Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Dimensional Fund Advisors - DFA Investment Grade Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Total Bond Market Index Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
Vanguard Short-Term Inflation-Protected Securities Index Option	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

##### Capital Preservation Option (Cash)

Interest Accumulation Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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##### BANKING OPTIONS (Cash) (FDIC-insured to certain limits)

Fifth Third 529 Savings Account	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
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**8. SIGNATURE— YOU MUST SIGN BELOW**

We must have your signature to process your Application and to certify your Social Security Number, which is located in **Section 2**. By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* AND THE TERMS OF THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTAND THE CURRENT *OFFERING STATEMENT AND PARTICIPATION AGREEMENT* FOR THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION, TOGETHER WITH THE *OFFERING STATEMENT AND PARTICIPATION AGREEMENT*, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.
- The information provided on this form is true and correct. The Successor Trustee, Beneficiary and myself (Trustee) are U.S. citizens or resident aliens. The Social Security Numbers in **Section 2, 4, and 5** are correct.
- The Ohio Tuition Trust Authority is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received and accepted by the Tuition Trust or its designee.
- If participating in Electronic Bank Transfers (EBT), my signature below authorizes the Ohio Tuition Trust Authority or its designee to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I agree to indemnify and hold harmless my bank and the Ohio Tuition Trust Authority or its designee for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Ohio Tuition Trust Authority or its designee, with reasonable time given to implement my request.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are required to obtain my name, residential or business address, Social Security or Tax Identification Number, driver's license or state-issued I. D. Card number, and date of birth in order to verify my identity and for tax reporting purposes. In addition, my signature below authorizes Ohio Tuition Trust Authority personnel to access my personal confidential information as necessary for the administration of my account. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Ohio Tuition Trust Authority is unable to accept this new account if any required information is not provided. If the CollegeAdvantage Program Administrators are unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the share value.
- If I am not an Ohio resident or taxpayer, I understand that the state in which I or my Beneficiary resides may offer state tax or other benefits to its residents or taxpayers who invest in that state's 529 Plan.
- I understand that under federal tax law any rollover to another state's 529 Plan that will accept it must occur within 60 days. If I have any additional questions concerning the tax consequences of any such distribution, I will refer to the "Tax Information" section of the *Offering Statement and Participation Agreement*, or consult my professional tax advisor.
- I understand that any investment in a CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the State of Ohio, the Ohio Tuition Trust Authority or any of the mutual fund firms under contract with OTTA. Any investment in a Fifth Third investment option, however, is insured by the FDIC, up to the limits set by the FDIC. An investment in a CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Except for the Fifth Third investment options, participants assume all investment risk of an investment in CollegeAdvantage, including the potential loss of principal. I understand that the value of my account will vary depending on market conditions and the performance of the Investment Option(s) I select. Regular investing does not ensure a profit or protect against a loss. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen and may not provide for the qualified higher education expenses of my Beneficiary.

**Note:** If you select any of the Fifth Third Bank Investment Options, then your signature below, together with this application and the *Offering Statement and Participation Agreement*, which includes Fifth Third Bank's Rules, Regulations, Agreements and Disclosures, constitutes the Deposit Agreement between you and Fifth Third Bank, National Association.

SIGNATURE

Signature of Account Owner (**Required**)

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Date (mm/dd/yyyy)

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