CollegeAdvantage Direct 529 Savings Plan

Trust/Entity Application

529 CollegeAdvantage

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, and date of birth, among other information — that will be used to verify 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.

- Complete this Application to establish a Trust or Entity Account in the CollegeAdvantage Direct 529 Savings Plan. You will need:
  - Taxpayer Identification Number for the Trust or Entity.
  - Social Security Numbers for the Trustee, Beneficiary, and Successor Trustee.
  - Date of birth of Beneficiary.
  - Copies of the first and last pages of the Trust.
- 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 Owner (Trust or Entity) information

Name of Trust or Entity ***(Required)***

Trust or Entity Taxpayer Identification Number ***(Required)***

Date of Trust ***(Required)***

Permanent Street Address *(P.O. box or rural route number is **not** acceptable.)* ***(Required)***

City | State | Zip Code

OH COLL ADV DIR ACC APPL

2. Trustee Information

Trustee Legal Name *(Trustee First name)* ***(Required)*** *(M.I.)*

Trustee Legal Name *(Last name)* ***(Required)***

Trustee Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date *(mm/dd/yyyy)* ***(Required)***

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

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

Email Address

Trustee Permanent Street Address *(P.O. box or rural route number is **not** acceptable.)* ***(Required)***

City State Zip Code

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

City State Zip Code

3. Trustee Identity Verification *(To help the government prevent the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.) All sections fields are required in this section.*

Trustee's driver's license or state-issued I.D. card number *(7-15 digits)* *State* *Expiration date (mm/dd/yyyy)*

Is this a driver's license or state-issued I.D. card? Please check one: ☐ Driver's license ☐ I.D. card

Trustee's mother's maiden name

Are you a non-U.S. person with more than $500,000 invested in CollegeAdvantage? ☐ No ☐ Yes

Are you a Senior Foreign Official of a government branch, military branch, political party, foreign government-owned company, or a close personal or professional associate of one of these persons? ☐ No ☐ Yes

4. Beneficiary information *(The Beneficiary is the future student whose qualified higher education expenses will be paid from the Account.)*

Beneficiary Legal Name *(First name)* ***(Required)*** *(M.I.)*

Beneficiary Legal Name *(Last name)* ***(Required)***

Beneficiary Relationship to Account Owner

Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date *(mm/dd/yyyy)* ***(Required)***

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

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

Beneficiary Mailing Address

City State Zip Code

5. Successor Trustee information *(Optional)*

- The Successor Trustee will take control of the Account in the event of the Trustee's death or legal incompetence.
- You may revoke or change the Successor Trustee at any time. See the CollegeAdvantage Direct 529 *Savings Plan Offering Statement and Participation Agreement* for more information.
- The person you designate as Successor Trustee **must be at least 18 years old.**

Successor Trustee Legal Name *(Successor Trustee's First name)* ***(Required)*** *(M.I.)*

Successor Trustee Legal Name *(Last name)* ***(Required)***

Successor Trustee Social Security Number or Taxpayer Identification Number ***(Required)***

Birth Date *(mm/dd/yyyy)* ***(Required)***

Mailing Address

City State Zip Code

6. Investment Option selection

- **Before choosing your Investment Option(s), see the *Offering Statement and Participation Agreement* (also available at 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 2044/2045 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2042/2043 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2040/2041 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2038/2039 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2036/2037 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2034/2035 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2032/2033 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2030/2031 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2028/2029 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2026/2027 Portfolio ☐☐☐ %
Vanguard Ohio Target Enrollment 2024/2025 Portfolio ☐☐☐ %
Vanguard Ohio Commencement Portfolio ☐☐☐ %

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 ☐☐☐ %

Ready-Made Risk-Based Portfolios

Vanguard Aggressive Growth Portfolio ☐☐☐ %
Vanguard Growth Portfolio ☐☐☐ %
Vanguard Moderate Growth Portfolio ☐☐☐ %
Vanguard Conservative Growth Portfolio ☐☐☐ %
Vanguard Income Portfolio ☐☐☐ %
Vanguard Conservative Income Portfolio ☐☐☐ %

Individual Investment Options

MUTUAL FUND BASED OPTIONS

International Equity Options (Stocks)

Dimensional Fund Advisors - World ex U.S. Core Equity Portfolio ☐☐☐ %
Vanguard Total International Stock Index Option ☐☐☐ %

U.S. Equity Options (Stocks)

Vanguard Strategic Equity Option ☐☐☐ %
Vanguard Extended Market Index Option ☐☐☐ %
Vanguard U.S. Growth Option ☐☐☐ %
Vanguard Windsor II Option ☐☐☐ %
Vanguard 500 Index Option ☐☐☐ %

Balanced Option (Mix of Stocks and Bonds)

Vanguard Wellington Option ☐☐☐ %

Fixed Income Options (Bonds)

Vanguard High Yield Corporate Option ☐☐☐ %
Dimensional Fund Advisors - DFA Investment Grade Portfolio ☐☐☐ %
Vanguard Total Bond Market Index Option ☐☐☐ %
Vanguard Short-Term Inflation-Protected Securities Index Option ☐☐☐ %

Capital Preservation Option (Cash)

Interest Accumulation Portfolio ☐☐☐ %

BANKING OPTIONS (Cash)
(FDIC-insured to certain limits)

Fifth Third 529 Savings Account ☐☐☐ %

Total 1 0 0 %

B. BANKING OPTIONS – Fifth Third 529 CD

☐ **Fifth Third 529 Certificate of Deposit (CD).** CDs require a $500 minimum contribution. CD terms are available between 3 months and 144 months (12 years). Please enter the desired term of the CD (number of months). Example: for a 5 year CD you would enter 060. **PLEASE NOTE:** If you have selected a Certificate of Deposit as the only initial funding, your future allocation will default to 100% Fifth Third 529 Savings Account unless you log in to your Account and update your Future Contribution Allocation Instructions.

$☐☐☐,☐☐☐.☐☐ Dollar Amount

CD ☐☐☐ Term

7. Contribution Method

- The minimum initial contribution is $25, unless you are selecting a Fifth Third 529 Certificate of Deposit — **CDs require a $500 minimum contribution.**
- Contributions by any source of funds will not be available for withdrawal for seven business days following each contribution.

Source of funds *(Check all that apply.)*

A. ☐ **Personal check.**
Important: All checks must be made payable to **Ohio Tuition Trust Authority.**

$☐☐☐,☐☐☐.☐☐ Amount

B. ☐ **Electronic Bank Transfer (EBT).** Through EBT, you can make a contribution whenever you want by transferring money from your bank account. We will keep your bank information on file for future EBT contributions. To set this up, you must provide bank information in **Section 7D.** *(The amount below will be a one-time EBT contribution to open your Account.)*

$☐☐☐,☐☐☐.☐☐ Amount

(see next two pages for Sections 7C-F.)

C. ☐ **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from your bank account on the frequency you specify. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your CollegeAdvantage Direct Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.CollegeAdvantage.com** or by calling **1-800-AFFORD-IT** (233-6734).

Important: To set up this option, you must provide bank information in **Section 7D.**

Amount of Debit: **$**☐,☐☐☐.**0 0**
Amount

Frequency *(Check one.):* ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

*The Program must receive instructions at least three business days prior to the indicated start date; 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 15th day of the month.

☐ **Annual Increase.** You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

Note: A plan of regular investment cannot assure a profit or protect against a loss.

Amount of increase: **$**☐,☐☐☐.**0 0**

Month:** ☐☐☐☐☐☐☐☐☐☐☐☐

Please write out the month you wish your AIP contribution to increase. The first increase will occur at the first instance of the month selected, **which could occur in the current year. Annual AIP increases are subject to the general contribution limits of CollegeAdvantage Direct and will also count toward annual federal gift tax exclusion limits.

(see next page for Sections 7D-F.)

D. **Bank information.** Required to establish the EBT or AIP service.

Important: By signing this Trust/Entity Application, you agree and confirm that your use of the Automated Clearing House ("ACH") Network will not result in transfers to or from a financial institution outside of the Unites States. You also understand it is your responsibility to notify CollegeAdvantage if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Bank Name

Bank Routing Number ☐☐☐☐☐☐☐☐☐ Bank Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ *Account Type:* *(Check One.)* ☐ Checking ☐ Savings

E. ☐ **Indirect Rollover from an Education Savings Account (ESA), qualified U.S. Savings Bond, or another 529 plan.** You can transfer money from one of these options to your bank account and from there, to the CollegeAdvantage Direct Account.

Important: Indirect Rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified withdrawal from your CollegeAdvantage Direct Account.

- **Indirect Rollover from another 529 plan or an ESA** — Enclose documentation from the distributing financial institution showing contributions and earnings.
- **Indirect Rollover from qualified U.S. Savings Bonds** — Include a statement or IRS Form 1099-INT, issued by the distributing financial institution, that shows the interest paid as of the redemption date.

$**☐☐☐,☐☐☐.☐☐ Contributions **$☐☐☐,☐☐☐.☐☐ Earnings

F. ☐ **Payroll Deduction.** If you want to make contributions to your CollegeAdvantage Direct Account directly as a Payroll Deduction, you must contact your employer's payroll office to verify that you can participate. By completing this section, a Payroll Deduction Confirmation Form will be automatically sent to you. The form will require your signature and your Social Security Number or Taxpayer Identification Number. Please complete and submit the form to your employer's payroll office. Your payroll deduction instructions will not take effect until your employer has accepted your signed form. The amount you indicate below will be in addition to Payroll Deduction that you may have previously established for other CollegeAdvantage Direct Accounts.

Amount of Payroll Deduction each pay period ***($25 minimum):*** **$**☐,☐☐☐.**0** **0**

8. SIGNATURE — YOU MUST SIGN BELOW

We must have your signature to certify and process your Application. 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 Ohio Tuition Trust Authority.
- 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, 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 the Entity/Trust or Beneficiary is not an Ohio resident or taxpayer, I understand that the state in which Entity/Trust or 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 in a declining market. 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 Trustee ***(Required)***

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

Ohio 529 CollegeAdvantage