



Automatic Contribution Plan / Electronic Bank Transfer Form

Login online at www.columbiathreadneedleus.com or use this form to:

- Change or add your banking information on file for contributions.
- Change or add your banking information on file for redemptions. (Note: Signature(s) must have a SVP Stamp or MSG in Section VI).
- Establish, modify, or terminate Automatic Contribution Plan.

If you have questions completing this form, please call us toll free at 888.244.5674, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

Regular Mail:

Mobile Phone Number

Future Scholar 529 Plan PO Box 219812 Kansas City, MO 64121-9812 **Overnight Mail:**

Future Scholar 529 College Savings Plan 801 Pennsylvania Ave STE 219812 Kansas City, MO 64105-1307

I. Current Account Information

Designated Panaficiary's Assount Information

A. Designated beneficiary's Account information				
Current Account Number				
Designated Beneficiary's First name	Middle initial	Last name		
Designated Beneficiary's Social Security number		Date of Birth (MM/DD/YY)		
B. Account Owner Information If not an individual, indicate the type of entity (e.	g., a trust) and insert	the entity's legal name.		
Primary Account Owner's First name (or entity name)	Middle initial	Last name		
Social Security number or other Taxpayer Identification Numl	her	Date of Birth (MM/DD/YY)		
Social Security Hamiser of Strict Taxpayer Identification Name	oci	Date of Birth (WWW, BB, TT)		
Joint Account Owner's First name	Middle initial	Last name		
Joint Account Owner's First Hallie	wildule illitidi	Last Halife		

Home Phone Number

II. Telephone and Online Privileges

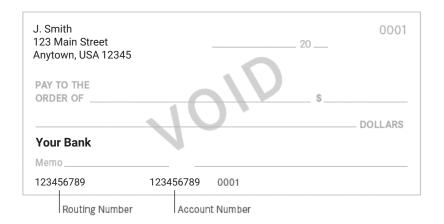
All telephone transaction calls are recorded. Please include a Signature Validation Program Stamp or Medallion Signature Guarantee in section VI should you choose to authorize telephone or online transfers to the bank account provided in Section III.

Unless otherwise indicated below, I authorize Future Scholar 529 Plan to accept telephone and online instructions from any person identifying themselves as owner of the account or owner's broker to transfer shares via electronic bank transfer between the 529 account and bank account provided in section III. Telephone and online purchases and redemptions are subject to procedures and conditions set forward in the program description. I understand that up to \$100,000 may be redeemed by telephone and online redemption daily. Future Scholar 529 Plan will employ reasonable procedures specified by Future Scholar to confirm that such telephone instructions are genuine. Neither Future Scholar, nor their designated agents, will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless Columbia Management Investment Distributors, Inc., or any of their affiliates, that may be involved in transactions authorized by telephone, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

☐ I do NOT want the Electronic Bank Transfer Purchase privilege

☐ I do NOT want the Electronic Bank Transfer Redemption privilege

III. Bank Instructions	
	or subsequent contributions, redemptions*, or for use with the Automatic ember of the Automated Clearing House System to use these services.
Account type: Checking Savings	
Bank Name	
Bank account number (Do not use spaces or dashes)	Bank routing number (your bank can provide this)
Name of bank account owner	Name of joint owner, if applicable
Bank account owner(s) authorization	
Signature of bank account owner	Signature of bank account co-owner
X	X



^{*} Please include a Signature Validation Program Stamp or Medallion Signature Guarantee in section VI should you choose to authorize telephone or online transfers via electronic bank to the bank account provided in section III.

IV. Automatic Contribution Plan (ACP)	(Check on box.)	
☐ Establish an ACP ☐ Modify the ACP	☐ Terminate the ACP	
Contribution Amount: \$	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □] D Dec Dec
I would like my ACP to occur on the following	g date(s): , , ,	*
*If no date is indicated, withdrawals will be made on the 15th of each or holiday, withdrawals will be made on the next business day. It can on the day and with the frequency specified.		
V. Allocation Instructions (Check one box.)		
Deposit Instructions: Use my current allocation ins	tructions on file for the ACP.	
Override Allocation Instructions: By selecting this provide in the portfolios below. This will NOT affect		
Override and Update Allocation Instructions: By se based on the allocation instructions you provide be		ntributions will be
Portfolio Number Or Portfolio Name	Percentage Amount	
	%	
	%	
	Total %	
VI. Signatures		
By signing below, I certify that I am the Account Own this form is in all respects true, complete and correc to be reflected or taken, as applicable, in accordance I fully understand the consequences of such change	t, that the information change(s) and/or ac e with the current Future Scholar 529 Plan	ction authorized on this form is
Print Name of Account Owner (Include capacity, if applicable)	Signature of Account Owner	Date
Print Name of Joint Tenant (if applicable)	Signature of Joint Tenant	Date

Medallion Signature Guarantee Stamp or SVP Stamp

Medallion Signature Guarantee Stamp or SVP Stamp

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction. A Medallion Signature Guarantee is required if you want proceeds to be sent according to existing bank account instructions not coded for outgoing ACH or wire, or to a bank account not on file.