



**FUTURE SCHOLAR
529 COLLEGE SAVING PLAN**

Login online at columbiathreadneedle.com/us or use this form to: (check all that apply)

- 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 V)
- Add, change, or terminate Automatic Contribution Plan contributions.

If you have questions completing this form, please call us toll free at 1.888.244.5674, Monday through Friday.

Regular Mail:

Future Scholar 529 Plan
P.O. Box 8036
Boston, MA 02266-8036

Overnight Mail:

Future Scholar 529 Plan
30 Dan Road, Suite 8036
Canton, MA 02021

I. Current Account 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 or other taxpayer identification number

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 number

Joint Account Owner's First name

Middle initial

Last name

Contact telephone 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 V 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

To add or update bank instructions to your Future Scholar 529 Account for subsequent contributions, redemptions*, or for use with the Automatic Contribution Plan, please complete the section. Your bank must be a member of the Automated Clearing House System to use these services.

The Account Owner's name must be in the bank registration.

Account type: Checking Savings

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

J. Smith 123 Main Street Anytown, USA 12345	_____ 20 ____	0001
PAY TO THE ORDER OF _____	\$ _____	
	_____ DOLLARS	
YourBank		
Memo _____		
123456789	123456789	0001
Routing Number	Account Number	

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

IV. Automatic Contribution Plan

- Stop the ACP on the current account listed in Section I.
- Modify the ACP on the current account listed in Section I as indicated below. *Note: We will only modify what is listed below.*
- I would like to establish a new automatic contribution plan in the portfolio(s) listed below:

Portfolio name	Portfolio number	Amount
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Frequency:

Transaction should occur: All Months or Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

I would like my ACP to occur on the following date(s): _____, _____, _____, _____

*If no date is indicated, withdrawals will be made on the 15th of each month. If the withdrawal date (or the 15th of the month, where applicable) falls on a weekend or holiday, withdrawals will be made on the next business day. It can take up to 10 business days after acceptance by the Program Manager for the debits to begin on the day and with the frequency specified.

V. Signatures

By signing below, I certify that I am the Account Owner of the Account indicated on this form, that the information provided on this form is in all respects true, complete and correct, that the information change(s) and/or action authorized on this form is to be reflected or taken, as applicable, in accordance with the current Future Scholar 529 Plan Program Description, and that I fully understand the consequences of such change(s) and/or action.

X _____ **X** _____
 Account owner's signature (Include capacity, if applicable) Joint Account owner's signature (required for joint registration)

Medallion Signature Guarantee Stamp or SVP Stamp

Medallion Signature Guarantee Stamp or SVP Stamp

Medallion Signature Guarantee

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.