



FutureScholar 
529 College Savings Plan

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:

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

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 Number

Date of Birth (MM/DD/YY)

Joint Account Owner's First name

Middle initial

Last name

Mobile Phone Number

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

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.

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

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

* 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: \$ _____ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

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. Allocation Instructions (Check one box.)

Deposit Instructions: Use my current allocation instructions on file for the ACP.

Override Allocation Instructions: By selecting this option, your ACP will be based on the allocation instructions you provide in the portfolios below. This will NOT affect your existing allocations (if any) currently on file.

Override and Update Allocation Instructions: By selecting this option, your ACP and future contributions will be based on the allocation instructions you provide below.

Portfolio Number	Or	Portfolio Name	Percentage Amount
_____			<input type="text"/> %
_____			<input type="text"/> %
Total			<input type="text"/> %

VI. 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.

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.