

Additional Investment Form



If you have questions while completing this form, please call us toll free at **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time, or visit us at **www.columbiathreadneedleus.com/investor.**

Please print or type, and keep a copy of this form for your records. Send your completed form and investment to the following address:

Regular Mail:

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

Future Scholar 529 College Savings Plan c/o SS&C GIDS, Inc. 430 W 7th Street STE 219812 Kansas City, MO 64105-1407

I. Current Account Information

A. Designated Beneficiary's Account Information	A.	Designated	Beneficiary's	Account	Information
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Current Account Number		
	MC I III - C C I	
Designated Beneficiary's First name	Middle initial	Last name
Designated Beneficiary's Social Security number		Date of Birth (MM/DD/YY)
If not an individual, indicate the type of entity (e.g., Primary Account Owner's First name (or entity name)	a trust) and inse	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 Num	ber

II. Additional Investment and Allocation Instructions

deadline, you may advi the prior tax year. All co	se the Program Manager who ontributions received after the Il contributions will be applied	ether your contribution(s) she tax filing deadline will be co	nould be applied to the	current tax year or
Please indicate your pr	eference: Current Tax Yea	ar □ Prior Tax Year		
Amount of additional in	vestment: \$	(Make checks pa	ayable to: Future Scho	olar 529 Plan)
	ditional investment to an exis	ting or new portfolio. The m	inimum investment is \$	\$25 per new portfolio.
Deposit Instruct	tions: Invest my contribution	based on my current alloca	tion instructions on file.).
	tion Instructions: By selecti tions you provide below. This			
	odate Allocation Instruction be based on the allocation in			nent and future
Portfolio Choices: Use	e a whole percentage next to	each Portfolio below. Portfo	olio choices must collec	ctively equal 100%.
Portfolio Number	Poi	tfolio Name	% of Invest	tment
				%
				%
				%
				%
				%
		Total Pe	ercentage	%
Future Scholar 529 P Office of the Treasure	vritten instructions and any lan, Columbia Managemen	t Investment Distributors, bility, cost, or expense for a	Inc. or its affiliates n cting upon such instruc	uthority. I also agree that neithe nor the State of South Carolina ctions. I understand that telephone
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

"Columbia Management Investment Distributors, Inc., member FINRA, is the distributor and underwriter for the Columbia Management Future Scholar 529 Plan Financial Advisor Program. The Office of State Treasurer of South Carolina (the State Treasurer) administers the Program and has selected Columbia Management Investment Advisers, LLC and Columbia Management Investment Distributors, Inc. (Columbia Management) as Program Manager. Columbia Management and its affiliates are responsible for providing certain administrative, recordkeeping and investment services, and for the marketing of the Program. Columbia Management is not affiliated with the State Treasurer."