



Additional Investment Form

FUTURE SCHOLAR
529 COLLEGE SAVING PLAN

If you have questions while completing this form, please call us toll free at **888.244.5674**, Monday through Friday, or visit us at **www.columbiathreadneedle.com/us**.

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 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

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

Contact telephone number

II. Portfolio Choices

Amount of additional investment: \$ _____

****SC Taxpayers, please note:** If you contribute to your Future Scholar account between January 1 and April 15, you may advise the Program Manager whether your contribution(s) should be applied to the current tax year or the prior tax year. All Contributions received after April 15 will be considered a contribution for the current tax year. If not indicated, all contributions will be applied to the current tax year.

Please indicate your preference: Current Tax Year Prior Tax Year

Portfolio Name	Portfolio Number	% of Investment
		%
		%
		%
		%
		%
		%
		%
		%
		%

Make checks payable to Future Scholar 529 Plan

III. Signature(s)

I hereby ratify these written instructions and any telephone instructions given pursuant to this authority. I also agree that neither Future Scholar 529 Plan, Columbia Management Investment Distributors, Inc. or its affiliates nor the State of South Carolina Office of the Treasurer will be liable for any loss, liability, cost, or expense for acting upon such instructions. I understand that telephone calls to Future Scholar 529 Plan may be recorded, and I consent to such tape recordings.

Signature of Account Owner (Include capacity, if applicable)

Date

Signature of Joint Account Owner (required for joint registration)

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.”

