

Designated Beneficiary Change Form

This form is to be completed to change your Designated Beneficiary. Each term used in this form has the same meaning as the term has in the Future Scholar 529 Plan Program Description, to which you should refer when completing this form. Please print clearly. If you have questions while completing this form, please call us toll free at **888.244.5674**.

Your completed form and all applicable documentation should be sent 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

1. 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

2. To designate new beneficiary, provide the following information

The new Designated Beneficiary must be a Member of the Family of the current Designated Beneficiary. A Member of the Family as defined in the Future Scholar 529 Plan Program Description is: (i) a son or daughter of the Designated Beneficiary, or a descendant of either; (ii) a stepson or stepdaughter of the Designated Beneficiary; (iii) a brother, sister, stepbrother or stepsister of the Designated Beneficiary; (iv) the father or mother of the Designated Beneficiary, or an ancestor of either; (v) a stepfather or stepmother of the Designated Beneficiary; (vi) a son or daughter of a brother or sister of the Designated Beneficiary; (vii) a brother or sister of the father or mother of the Designated Beneficiary; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Designated Beneficiary; (ix) the spouse of the Designated Beneficiary or the spouse of any of the foregoing individuals; or (x) a first cousin of the Designated Beneficiary. For this purpose, a child of an individual includes a legally adopted child, and a brother or sister includes a brother or sister by half-blood.

New beneficiary's relationship to current beneficiary: _____

A. I have an existing account for the new Beneficiary. The existing account number is: _____
 • Please complete sections 3, 4, and sign section 9

B. Please establish a new account for the new Beneficiary because I do NOT have an existing account for this Beneficiary. By Changing the Beneficiary, you will be assigned a new account number.
 • Please complete sections 3-8 and sign section 9

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First name (or entity name)

Middle initial

Last name

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Social Security number or other taxpayer identification number

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Date of birth (MM/DD/YY)

--

Street address

--

City

--

State

--

ZIP Code

3. Amount of transfer

Note: Indicate below the amount you would like to transfer to the new Beneficiary (choose one):

A. Transfer the entire amount from the Future Scholar Account listed in Section 1 to the new Beneficiary.

If you are moving the entire account balance: Any active Automatic Contribution Plan (ACP) will be stopped on your current account unless otherwise indicated below.

1) I would like to continue the existing ACP into the account listed in Section I.A.

B. Transfer the following amount(s) from the Future Scholar Account listed in Section 1 to the new Beneficiary:

Fund name	Fund number	Amount	Percentage
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %
_____	OR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	OR _____ %

4. Investment Options

Portfolio Choices are described in detail in the Program Description, available at www.columbiathreadneedle.com/us. You may choose to re-allocate the existing portfolios. You are permitted to transfer existing balances between Portfolios one time per calendar year and upon a change in the Designated Beneficiary of the Account. See the Program Description for details.

- A. **I want to keep the same investment options for my new beneficiary.** If you are invested in an age-based allocation and the new beneficiary is in a different age bracket than the current beneficiary, your target allocation may change.
- B. **I want to establish a new investment allocation for this account.** You may select one or more Portfolios by indicating allocation percentages in the table below.

Note: Your allocations must collectively equal 100%. If your Portfolio allocations total less than 100%, unallocated amounts will be automatically allocated to the Columbia Legacy Capital Preservation 529 Portfolio. If your Portfolio allocations total more than 100%, the contribution will be returned to you.

1. **Age-Based Choice** - An initial Allocation Portfolio will be selected based on the date of birth of the Designated Beneficiary (provided in Section 2) and a risk track, as you select. Over time, the Account will be reinvested automatically from the initial Allocation Portfolio to Allocation Portfolios with an increasing fixed income emphasis. See the Program Description for more complete details.

Age-Based Options: Choose one Risk Track	Amount of Contribution to be Allocated (in %)
Aggressive Track	%
Moderate Track	%
Conservative Track	%

2. **Customized Portfolio Selection Choice** – You may select one or more Portfolios by indicating allocation percentages in the table below. Your investment allocation remains fixed or “static” within a specified range.

Target Allocation Options:	Amount of Contribution to be Allocated (in %)
Columbia Aggressive Growth 529 Portfolio	%
Columbia Growth 529 Portfolio	%
Columbia Moderate Growth 529 Portfolio	%
Columbia Moderate 529 Portfolio	%
Columbia Moderately Conservative 529 Portfolio	%
Columbia Conservative Portfolio	%
Columbia College Portfolio	%
Equity Options:	
American Century Mid Cap Value 529 Portfolio	%
Janus Enterprise 529 Portfolio	%
Columbia Contrarian Core 529 Portfolio	%
Columbia Dividend Income 529 Portfolio	%
Columbia Large Cap Growth 529 Portfolio	%
Columbia Select Large Cap Growth 529 Portfolio	%
DFA International Core Equity 529 Portfolio	%
FA Small Cap 529 Portfolio	%
iShares Russell 1000 ETF 529 Portfolio	%
iShares Russell 2000 ETF 529 Portfolio	%
iShares Russell 3000 ETF 529 Portfolio	%
MFS Value 529 Portfolio	%
Nuveen Winslow Large Cap Growth 529 Portfolio	%
Fixed Income Options:	
Columbia Income Opportunities 529 Portfolio	%
Columbia Total Return Bond 529 Portfolio	%
Columbia Short Term Bond 529 Portfolio	%
Columbia US Government Mortgage 529 Portfolio	%
FA Strategic Income 529 Portfolio	%
iShares TIPS Bond ETF 529 Portfolio	%
JPMorgan Core Bond 529 Portfolio	%
Templeton Global Bond 529 Portfolio	%
Cash and Cash Equivalent Options:	
Columbia Bank Deposit 529 Portfolio	%
Columbia Legacy Capital Preservation 529 Portfolio	%
TOTAL	%

3. **Dollar Cost Averaging from the Columbia Legacy Capital Preservation 529 Portfolio**

Complete this section to have your contribution in the Columbia Legacy Capital Preservation 529 Portfolio allocated monthly or quarterly into other portfolios available in the Plan. To take advantage of this option, you must have at least \$1,000 to contribute and you must set up your monthly or quarterly allocations at this time. By completing this section, you authorize Future Scholar 529 Program Advisor Plan to allocate the amount you designate from the Columbia Legacy Capital Preservation 529 portfolio on a monthly or quarterly basis into your chosen investment options. Allocations continue until no balance remains in the Columbia Legacy Capital Preservation 529 Portfolio. You have the option to cease or alter your monthly or quarterly allocations only in the limited circumstances described in the Program Description.

A. Dollar Cost Averaging Initial investment (\$1,000 Minimum)

Columbia Legacy Capital Preservation 529 Portfolio	%
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B. Dollar Cost Averaging Frequency

Please indicate the frequency for making allocations from the Columbia Legacy Capital Preservation 529 Portfolio to the portfolio(s) designated in 3C below. If you do not indicate a draft date, the systematic exchange will be processed on the 15th of the month or quarter.

Systematic Exchange will be processed Monthly Quarterly on the _____ day of the month/quarter.

C. Dollar Cost Averaging SYSTEMATIC EXCHANGE AMOUNT

Please allocate the dollar amount indicated into the investment options selected below. Allocations continue until no balance remains in the Columbia Legacy Capital Preservation 529 Portfolio.

SYSTEMATIC EXCHANGE Portfolio Selection: Note minimum systematic exchange amount is \$25.00 per portfolio.

Age-Based Portfolio Selection Choice (portfolio will be based on the beneficiary's date of birth and the risk track selected below).

Age-Based Options: <i>If investing in age-based Choose one Risk Track</i>	Systematic Exchange Amount
Aggressive Track	\$
Moderate Track	\$
Conservative Track	\$

Customized Portfolio Selection Choice – You may select one or more Portfolios by indicating the dollar amount(s) in the table below. Your investment allocation remains fixed or "static" within a specified range.

Target Allocation Options:	Systematic Exchange Amount
Columbia Aggressive Growth 529 Portfolio	\$
Columbia Growth 529 Portfolio	\$
Columbia Moderate Growth 529 Portfolio	\$
Columbia Moderate 529 Portfolio	\$
Columbia Moderately Conservative 529 Portfolio	\$
Columbia Conservative 529 Portfolio	\$
Columbia College 529 Portfolio	\$
Equity Options:	
American Century Mid Cap Value 529 Portfolio	\$
Janus Enterprise 529 Portfolio	\$
Columbia Contrarian Core 529 Portfolio	\$
Columbia Dividend Income 529 Portfolio	\$
Columbia Large Cap Growth 529 Portfolio	\$
Columbia Select Large Cap Growth 529 Portfolio	\$
DFA International Core Equity 529 Portfolio	\$
FA Small Cap 529 Portfolio	\$
iShares Russell 1000 ETF 529 Portfolio	\$
iShares Russell 2000 ETF 529 Portfolio	\$
iShares Russell 3000 ETF 529 Portfolio	\$
MFS Value 529 Portfolio	\$
Nuveen Winslow Large Cap Growth 529 Portfolio	\$
Fixed Income Options:	
Columbia Income Opportunities 529 Portfolio	\$
Columbia Total Return Bond 529 Portfolio	\$
Columbia Short Term Bond 529 Portfolio	\$
Columbia US Government Mortgage 529 Portfolio	\$
FA Strategic Income 529 Portfolio	\$
iShares TIPS Bond ETF 529 Portfolio	\$
JPMorgan Core Bond 529 Portfolio	\$
Templeton Global Bond 529 Portfolio	\$
	TOTAL

5. Successor Account Owner (Optional)

In the event of the death of the Account Owner, a successor Account Owner would become the new Account Owner. Successor Account Owners shall not be designated in the case of joint Account ownership. In the event of the death or incapacity of a joint Account Owner, the remaining Account Owner shall become the sole Account Owner and may at that time designate a Successor Account Owner. You may call 1.888.244.5674 or visit www.columbiathreadneedle.com/us for an Account Services form to designate a successor Account Owner, or to change or revoke a Successor Account Owner designation.

A. I want my successor Account Owner on file for the account listed in Section 1 to carry over to the new beneficiary's account.

Or

B. Complete the information below to designate a successor Account Owner.

Name of successor Account Owner or trustee (first)

(m.i.)

(last)

Social Security number of successor Account Owner or taxpayer ID number of trust or agency

Date of birth of successor Account Owner or trustee (month/day/year)

If the successor Account Owner will be a trust name of trust

6. Telephone and Online Privileges

Unless otherwise indicated below, I authorize Future Scholar 529 College to accept telephone and online instructions from any person identifying themselves as owner of the account or owner's broker to (a) exchange share(s) of my account for shares of the same class or equivalent class of any other Future Scholar Portfolios and (b) to redeem shares, without signature guarantee, held in my account, and (c) to transfer shares via electronic bank transfer between the 529 account and bank account provided in section 7. Telephone and online exchanges, purchases, and redemptions are subject to procedures and conditions set forth 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 Advisers, LLC, 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 Exchange Privilege

I do **NOT** want the Redemption Privilege

I do **NOT** want the Electronic Bank Transfer Purchase privilege

I do **NOT** want the Electronic Bank Transfer Redemption privilege

7. Bank Information:

• To add bank instructions to your Future Scholar 529 Account for electronic bank transfers or for use with the Automatic Contribution Plan, please complete the section. You may log into your account online to add, change, or delete bank information at a later date. Additionally, you can call 1.888.244.5674 or visit www.columbiathreadneedle.com/us for an Automatic Contributions/Electronic Bank Transfer Form. Your bank must be a member of the Automated Clearing House System to use these services.

At least one of the Account Owners' names must be in the bank registration.

A. I want my bank instructions on file for the account listed in Section 1 to carry over to the new beneficiary's account.

Or

B. Please complete the information below:

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

8. Automatic Contribution Plan

I choose to have contributions to my new Future Scholar 529 Plan account automatically withdrawn from my bank account. I would like my automatic contribution plan established in the portfolio(s) listed below:

- A. I understand my automatic contribution plan will be established based on the Investment Allocation choices made in Section 4 unless otherwise indicated below.

\$

- B. No, I would like my automatic contribution plan established in the portfolio(s) listed below:

<input type="text"/>	\$ <input type="text"/>	Total amount	<input type="text"/>	\$ <input type="text"/>	Total amount
Portfolio Name Or Portfolio Number			Portfolio Name Or Portfolio Number		
<input type="text"/>	\$ <input type="text"/>	Total amount	<input type="text"/>	\$ <input type="text"/>	Total amount
Portfolio Name Or Portfolio Number			Portfolio Name Or Portfolio Number		

Frequency:

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

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

**** Log in online or complete an Account Update/Automatic Contributions Change form to update bank information, to establish an ACP or add electronic bank transfer to the accounts.**

9. Signature(s)

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 change and/or the designation reflected on this form is to be reflected in accordance with the current Program Description, and that I fully understand the consequences of such change(s) and/or designation.

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 529 plans available through Columbia Management. 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.

