

Rollover Application for Pricing Alternative A and C

FutureScholar S	>
529 College Savings Plan	1

Not FDIC insured May lose value

No bank, state or federal guarantee

Citizenship (if other than US citizen please indicate country of citizenship)

Complete this Rollover Application to rollover an existing 529 plan into a Future Scholar 529 Plan.

For assistance, please call toll-free 1.888.244.5674, Monday through Friday, 8:00 am to 7:00 pm, Eastern time.

Please return this application, check, and any other documents to:

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

1. Account Information

Relationship to Primary Account Owner

Please check only one box below and complete the appropriate information. One person establishes and controls the account. Individual Joint Tenant Joint Account ownership is available for spouses only. More than one person establishes and controls the Account. Joint Accounts will be (Spouses Only) established with rights of survivorship and not as tenants in common. The Primary Account Owner's name and Social Security number will be used for IRS reporting purposes. If I am funding this account with cash proceeds from the sale of assets held in a uniform gift/transfer account for the benefit of the UGMA/UTMA designated Beneficiary of this account, I am doing so in my capacity as Custodian for the designated Beneficiary. I understand, as Custodian for a UGMA/UTMA 529 account, that I will not be able to change the designated Beneficiary for this account or make withdrawals, other than for the benefit of the designated Beneficiary, as permitted under the laws governing the UGMA/UTMA custodial account. I understand that these same restrictions apply to other contributions made into this account, regardless of the source of funds. Primary Account Owner or Custodian (First) (M.I.) (Last) Date of Birth (MM/DD/YYYY) Social Security Number Joint Account Owner, if applicable (First) (M.I.) (Last) Date of Birth (MM/DD/YYYY) Social Security Number ZIP Code Address City State Citizenship (if other than US citizen please indicate country of citizenship) Home Number Mobile Number Residential Address for Primary Account Owner is required (must provide if different from above; may not be a PO Box) 2. Designated Beneficiary Information Name (First) (M.I.) (Last) Date of Birth (MM/DD/YYYY) Social Security Number Residential Address (if different from Account Owner's; may not be a PO Box) City State ZIP Code

3. Investment Allocation

You may choose to allocate your initial contributions among the Portfolios below. The allocations in sections A, B, or C must collectively equal 100% and will be used to allocate your initial and future contributions (excluding overrides). Portfolio choices are described in detail in the Program Description.

Note: To establish Dollar Cost Averaging, allocate 100% of your initial contribution to the Columbia Legacy Capital Preservation 529 Portfolio and attach an Investment Change Request Form (the form can be found at www.columbiathreadneedleus.com/investor or by calling 1.888.244.5674).

A.

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.

Note: This option is designed for college (or other higher learning) expenses and may not be appropriate for shorter time periods applicable to attendance at elementary or secondary schools. See the Program Description for more complete details.

Age Based Options: If investing in age based Choose one Risk Track	Designated Beneficiary #1
Aggressive Track	%
Moderate Track	%
Conservative Track	%

B.

Static 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".

Target Allocation Options:	Designated Beneficiary #1
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	%

C.

Customized Portfolio Selection Choice – You may select one or more Portfolios by indicating allocation percentages in the table below.

Equity Options:	Designated Beneficiary #1
American Century Mid Cap Value 529 Portfolio	%
ClearBridge Large Cap Growth 529 Portfolio	%
ClearBridge Small Cap 529 Portfolio	%
Columbia Contrarian Core 529 Portfolio	%
Columbia Dividend Income 529 Portfolio	%
Columbia Large Cap Growth 529 Portfolio	%
Columbia Research Enhanced Core ETF 529 Portfolio	%
Columbia Seligman Technology and Information 529 Portfolio	%
DFA International Core Equity 529 Portfolio	%
Emerging Markets Equity ETF 529 Portfolio	%
Janus Henderson Enterprise 529 Portfolio	%
MFS Value 529 Portfolio	%
Principal Real Estate Securities 529 Portfolio	%
US Large Cap Core ETF 529 Portfolio	%
US Multi Cap Core ETF 529 Portfolio	%
US Small Cap Core ETF 529 Portfolio	%
Fixed Income Options:	
Columbia Income Opportunities 529 Portfolio	%
Columbia Total Return Bond 529 Portfolio	%
Columbia Short Term Bond 529 Portfolio	%
FA Strategic Income 529 Portfolio	%
JPMorgan Core Bond 529 Portfolio	%
TIPS Bond ETF 529 Portfolio	%
Cash and Cash Equivalent Options:	
Columbia Bank Deposit 529 Portfolio	%
Columbia Legacy Capital Preservation 529 Portfolio	%
	TOTAL %

4. Pricing Alternatives

For the designated beneficiary, choose **ONE** Pricing Alternative for the rollover contribution in Section 11. If the account is being funded by a direct rollover and you elected to make additional contributions in Section 7, choose a Pricing Alternative for the rollover **AND** the additional contributions. If applicable, contributions from your Automatic Contributions Plan will use the same Pricing Alternative as Additional Contributions. For information on Pricing Alternatives, please refer to the Program Description for additional details.

Pricing Alternative A	Rollover Contribution* (for section 11)	Additional Contribution(s) (for section 7)	
*The Plan will use the Investment Allocation choices in Section 3 to invest the rollover assets from your current \$29 plan. Check here if the direct rollover is eligible for Net Asset Value (NAV) transfer on Pricing Alternative A. Financial Advisors must verify their Broker-dealer's policy regarding eligible share classes. See the Program Description for details. See the Program Description for details.	Pricing Alternative A	Pricing Alternative A	
Check here if the direct rollover is eligible for Net Asset Value (NAV) transfer on Pricing Alternative A. Financial Advisors must verify their Broker-dealer's policy regarding eligible share classes. See the Program Description for details. 5. Ways to reduce your sales charge (OPTIONAL Please check the applicable box below.) Right of Accountation (ROA) If you or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number We will be a seem of Account Owner	Pricing Alternative C	Pricing Alternative C	
Financial Advisors must verify their Broker-dealer's policy regarding eligible share classes. See the Program Description for details. 5. Ways to reduce your sales charge (OPTIONAL Please check the applicable box below.) Right of Accumulation (ROA) You or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you ray be eligible for breatpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Account Number	*The Plan will use the Investment Allocation	choices in Section 3 to invest the rollover assets fro	om your current 529 plan.
See the Program Description for details. 5. Ways to reduce your sales charge (OPTIONAL Please check the applicable box below.) Right of Accumulation (ROA) If you or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number		` ,	cing Alternative A.
Fight of Accumulation (ROA) If you or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Account Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. La gree to invest \$\(\) over a 13-month period beginning		. , , , ,	
Right of Accumulation (ROA) If you or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	See the Program Description for details	5.	
If you or an immediate family member, as defined in the Program Description, is listed on another Future Scholar 529 Plan account as an Account Owner, you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Account Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	5. Ways to reduce your sales cha	arge (OPTIONAL. Please check the applicable bo	ox below.)
you may be eligible for breakpoint discount charges on Pricing Alternative A shares. The combined value of your accounts must be \$400,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA. Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	Right of Accumulation (ROA)		
Account Number Social Security Number or Taxpayer ID Number Name of Account Owner Account Number Social Security Number or Taxpayer ID Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	you may be eligible for breakpoint discount charges o	n Pricing Alternative A shares. The combined valu	ue of your accounts must be \$400,000 or
Name of Account Number Social Security Number or Taxpayer ID Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$\times	Name of Account Owner		
Account Number Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	Account Number	\$	Social Security Number or Taxpayer ID Number
Letter of Intent (LOI) (Pricing Alternative A only) If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	Name of Account Owner		
If you agree to invest at least \$400,000 within 13 months, you will Net Asset Value (NAV) pricing on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$	Account Number	\$	Social Security Number or Taxpayer ID Number
Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent. I agree to invest \$ over a 13-month period beginning Date (MM/DD/YYYY). 6. Financial Advisor Information (REQUIRED) Name of Financial Advisor's Firm Financial Advisor's Name Financial Advisor's ID Number	, , , ,	••	erv dollar vou invest
6. Financial Advisor Information (REQUIRED) Name of Financial Advisor's Firm Financial Advisor's Name Financial Advisor's Name Phone Number Branch Office ID Number Account Number for the Client at FA's Firm (BIN) Network Level (if required) If applicable, Referring Representative Name RR Number RR Number RR Number RR Branch We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	Refer to the Program Description for complete details.	You will pay the sales charge if you do not comple	te this Letter of Intent.
Name of Financial Advisor's Firm Financial Advisor's Name Financial Advisor's ID Number Account Number for the Client at FA's Firm (BIN) If applicable, Referring Representative Name RR Number RR Number RR Number RR Branch We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	I agree to invest \$ over a	13-month period beginning	Date (MM/DD/YYYY).
Financial Advisor's ID Number Phone Number Phone Number RR Dranch Office ID Number RR Branch RR Branch We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.		ı (REQUIRED)	
Account Number for the Client at FA's Firm (BIN) If applicable, Referring Representative Name RR Number RR Number RR Branch We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	Financial Advisor's Name		
If applicable, Referring Representative Name RR Number RR Branch We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	Financial Advisor's ID Number	Phone Number	Branch Office ID Number
We guarantee the signature on this application and the legal capacity of the signer. If the Account Owner checked the box for Net Asset Value (NAV) pricing for a direct rollover in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	Account Number for the Client at FA's Firm (BIN)		Network Level (if required)
in Section 4, we acknowledge that an initial sales charge will not be paid on purchase transaction and the transaction qualifies for the sales charge waiver.	If applicable, Referring Representative Name	RR Number	RR Branch
Autnorizea Signature of Financial Advisor's Firm	•	or so pare on parentage numberion and the transdetion qua	inities for the suites oritings warver.
	Autnorized Signature of Financial Advisor's Firm		

7. Additional Contribution(s) (OPTIONAL)

You may add bank instructions to your Future Scholar account to make a one-time contribution and/or to establish an automatic contribution plan. Please check the appropriate box below and complete the Bank Instructions to authorize Automatic Clearing House (ACH) debits from your checking or savings account. Your bank must be a member of the Automated Clearing House System to use this service.

SC Taxpayers, please note: Contributions between January 1 and the tax filing deadline can be applied to the current tax year or the prior year.

All contributions received after the tax filing deadline 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 Year ____ Prior Year Please check the appropriate box below to make a one-time contribution and/or to establish an automatic contribution plan. One-time bank draft. We will debit your checking or savings account to make a one-time contribution to your Future Scholar account. We will allocate the contribution based on the Investment Allocation choices made in Section 3. Automatic Contribution Plan (ACP). We will debit your checking or saving account to make automatic contributions to your Future Scholar account. Please choose A or B below. \$ A. ACP Instructions: Use the investment allocations instructions in Section 3 for the ACP. B. Override Investment Allocation Instructions: By selecting this option, your ACP will be based on the allocation instructions you provide in the portfolios below and must collectively equal 100%. This will NOT affect your investment allocations instructions in Section 3. **Designated Beneficiary #1** % Portfolio Number Or Portfolio Name % Portfolio Number Or Portfolio Name Total Frequency: Transactions 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. **Bank Instructions** Account type: ☐ Checking ☐ Saving 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

8. Successor Account Owner Information (OPTIONAL)

The Successor Account Owner must be a U.S. citizen or a resident alien.

An Account Owner may designate a Successor Account Owner to assume control of the account upon their death or incapacity. The Successor Account Owner will have all rights belonging to the Account Owner, including the right to change the Designated Beneficiary of the account and to withdraw funds from the account. To add, change or revoke the successor Account Owner designation at a later date, the Account Service Form must be completed. You may call 1.888.244.5674 or visit www.columbiathreadneedleus.com/investor for an Account Service Form.

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.

Name (First)	(M.I.) (Last)		Date of Birth (MM/DD/YYYY)	Social Security Number
9. Telephone a	nd Online Privileges			
owner of the account or Portfolios and (b) to rede account and bank accou forth in the program desc employ reasonable proce designated agents, will b modified or terminated w affiliates that may be inve	owner's broker to (a) exchange share(s) of eem shares, without signature guarantee, int provided in section 7. Telephone and of cription. I understand that up to \$100,000 edures specified by Future Scholar to con e liable for any loss due to unauthorized of vithout notice. Furthermore, I agree to ind	of my account held in my account held in my acconline exchang may be redee firm that such or fraudulent in lemnify and hohone, against a	for shares of the same class or count, and (c) to transfer shares les, purchases, and redemptions ared by telephone and online retelephone instructions are genunstructions if such procedures and harmless Columbia Managerany claim, loss, expense or dam	ons from any person identifying themselves as equivalent class of any other Future Scholar via electronic bank transfer between the 529 s are subject to procedures and conditions set demption daily. Future Scholar 529 Plan will uine. Neither Future Scholar, nor their are followed. Telephone privileges may be ment Investment Advisers, LLC, or any of their age, including reasonable fees of investigation
I do NOT want the	Exchange Privilege		I do NOT want the Redemption	on Privilege
I do NOT want the privilege	Electronic Bank Transfer Purchase		I do NOT want the Electronic Redemption privilege	Bank Transfer
Yes! I want to save I understand that, by che consent above, I underst notice indicating that the		n Descriptions o receive state atements in pa are available fo	ments, Program Descriptions a sper format through U.S. mail. I or viewing and downloading at v	vww.columbiathreadneedleus.com/
unsubscribe from e-deliv	very at any time by logging into my accou	unt online or by		onomo denvery preferences of
Primary Account Owner's E-	mail Address For Electronic Delivery of Docun	nents		

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11. Rollover Instructions

Complete the information below regarding the current account from which you are initiating the rollover. When the assets are received from your plan administrator in good order, your rollover contribution will be invested based on the investment allocation instructions in Section 3. This authorization instructs the plan administrator of my existing plan to rollover the following amount from my current balance. Please contact your plan administrator to confirm if additional documents are required. Include a copy of your current account statement.

Type of Transfer or Rollover (Chec	ck one box.)					
☐ From another state's 529 Plan*	☐ From another sta UTMA 529 accou					ther 529 plan e of South Carolina**
	ner beneficiary combination mus is considered one of the two inve		s allowed	per calendar	year	
Current Custodian Information (T	he primary account owner m	ust match the reg	istration	held with th	e current cust	odian.)
Name Of Plan From Which Assets Are Being Roll	ed Over					
Address		City			State	ZIP Code
ALTHOUGH COMMISSION (COMMISSION COMMISSION C						
ontact Name At The Surrendering Company (if ar	19)			Telepho	one	
rimary Account Owner or Custodian (First) (M.I.)	(Last)	Date of Bir	th (MM/D	D/YYYY)	Social Securi	ty Number
oint Account Owner, if applicable (First) (M.I.) (L	ast)	Date of Bir	rth (MM/D	DD/YYYY)	Social Securi	ity Number
Beneficiary Name (First) (M.I.) (Last)		Date of Bi	Date of Birth (MM/DD/YYYY) Social Security Number			ity Number
Authorization for Direct Rollover	(Check one box.)					
☐ Sell ALL of my assets in the current OR	529 plan.					
Sell PART of my assets in the current	nt 529 plan account(s) listed	below.				
Current Plan Information						
List all account numbers and investment na						
Account Number	Portfolio or Investment I	Name		^		0.
				\$	OR	%
Account Number	Portfolio or Investment N	Name		_		
				\$	OR	%
Account Number	Portfolio or Investment N	lame	—			
				\$	OR	%
Account Number	Portfolio or Investment N	lame				
Account Number	TOTALONG OF MITOGRAPHENE					

Please make check payable to:

Future Scholar 529 Plan

(The names of the Primary Account Owner and Designated Beneficiary should be included on the check.)

Please mail the proceeds to: Future Scholar 529 Plan

P.O. Box 219812 Kansas City, MO 64121-9812

12. Signature

Some firms may require a Medallion Signature Guarantee to process a rollover. Please check with your current institution to find out if you need to obtain such a guarantee.

I certify that the information contained in this Rollover Application and in any attachment to this Account Application is true and correct and authorizes a withdrawal from the account(s) listed in section 11. I understand and agree to all terms of this withdrawal as presented on this Rollover Application and in the Program Description.

I also certify that either: (i) the new Designated Beneficiary is a "member of the family" of the current Designated Beneficiary; or (ii) the rollover is between CSPs without a Designated Beneficiary change and I have not requested a rollover for the same Designated Beneficiary within the last 12 months.

By signing below, I hereby apply for the Future Scholar 529 Plan Account and certify that all of the information contained in this Rollover Application—and all information that I will provide with respect to my Account(s)—is true, complete and correct, and I understand that the Account(s) will be opened based on this information.

- I certify that I have read, understand and agree to the terms of this Rollover Application, the Program Description (including the fees and
 expenses described therein), and the Participation Agreement (attached as Appendix A to the Program Description), and will retain a copy of
 each for my records.
- I certify that the funds to be placed in the Account(s) are intended to be used solely to pay Education Expenses of the Designated Beneficiary.
- I acknowledge and agree that the Participation Agreement (attached as Appendix A to the Program Description) will govern all aspects of the Account(s), including all Contributions to the Account(s).
- I certify that I am a U.S. citizen or resident alien.
- I understand that, except for the Columbia Bank Deposit 529 Portfolio, the Account(s) is/are not a deposit or insured or guaranteed by the State
 of South Carolina, the United States, or any government agencies including the FDIC and they do not guarantee the principal invested nor any
 investment return.
- I understand that the value of my Account(s) may be more or less than the amount contributed in the Account(s).
- I understand that Section U of the Participation Agreement contains a pre-dispute arbitration clause requiring that all disputes under this agreement are to be settled by binding arbitration. By signing below, I have received, read, understand, and agree to such arbitration provisions and also acknowledge receiving a copy of the Participation Agreement included as Appendix A of the Program Description.

Print Name of Primary Account Owner (Include capacity, if applicable)	Signature of Account Owner	Date
Print Name of Joint Account Owner (If applicable)	Signature of Joint Account Owner	Date

Medallion Signature Guarantee Stamp

Medallion Signature Guarantee 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 (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.

Required documentation

In the case of a **rollover contribution from another college savings program**, a statement or documentation issued by the distributing college savings program that shows the earnings portion of the withdrawal. In the case of any direct transfer between college savings programs, the distributing program must provide the receiving program with a statement setting forth this information.

Treatment for insufficient documentation:

Until the transfer agent receives the documentation described above, as applicable, **Future Scholar 529 Plan** will treat the entire amount of the purchase as earnings in the account receiving the rollover proceeds.

Maximum account balance limits

You may transfer or rollover funds to a **Future Scholar 529 Plan** account for a Designated Beneficiary so long as the aggregate value of assets in all accounts for the same Designated Beneficiary under all college savings programs sponsored by the State of South Carolina (regardless of Account Owner) does not exceed the Maximum Account Balance. **See the Program Description for more information.**