

# Enrollment Form

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If this information is not provided, the Program Manager may be delayed or unable to open your Account and accept your investment.

## 1 Account Type (Please check only one and complete the appropriate information)

- Individual Account** (Complete all sections except Section 9.)
- UGMA/UTMA Account** (Provide the Custodian's information in Section 2 and the Minor's information in Section 3.)
- Trust or Entity Ownership** (Complete Section 9 instead of Section 2.)

## 2 Account Owner Information

The Account Owner, who is at least 19 years old, is the person who controls the Account, names the Designated Beneficiary, directs withdrawals, and receives the Account statements.

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Residency Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien	
Account Mailing Address	City, State, ZIP	
Permanent Address (if different from above; no PO Boxes)	City, State, ZIP	
Phone	E-Mail Address	

## 3 Designated Beneficiary Information

The Designated Beneficiary is the individual whose qualified higher education expenses will be paid from the Account.

First Name	M.I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Please check this box if the Beneficiary's address is the same as the Account Owner's.		
Permanent Address (no PO Boxes)	City, State, ZIP	

## 4 Successor Account Owner (Optional)

Not permitted for UGMA/UTMA Accounts. The person or entity named below will be the Successor Account Owner in the event of the death of the Account Owner. You may update the Successor Account Owner at any time.

First Name

M.I.

Last Name

Please check this box if the Successor Account Owner's address is the same as the Account Owner's.

Mailing Address

City, State, ZIP

□□□□-□□-□□□□□□

Social Security Number

□□-□□-□□□□□□

Date of Birth

- OR -

□□-□□□□□□□□□□

Taxpayer Identification Number (if applicable)

□□-□□-□□□□□□

Date of Trust (if applicable)

## 5 Investment Professional

### Broker-Dealer or Other Financial Advisor Firm

Registered Representative's Name

Rep. Number

Rep or Financial Advisor E-Mail Address

Phone

Firm Name

Branch Number

Branch Address

City, State, ZIP

Broker-Dealer Name & Address

## 6 Fee Structure Election (Select only one)

I hereby select the following Fee Structure:

**Fee Structure A**

**Fee Structure C**

**Fee Structure F** Available to Account Owners who establish an Account through a fee-only financial professional.

The Plan offers three different investment approaches. Select from Portfolio options A, B, or C. Your initial and future contribution(s) will be invested based on your following selection. Each investment Portfolio is explained in the Program Disclosure Statement and any supplements, which you must read and agree to before completing this form. For more information on the investment Portfolios, please visit [CollegeCounts529advisor.com](http://CollegeCounts529advisor.com) or refer to the CollegeCounts 529 Fund Advisor Plan Program Disclosure Statement.

**CHECK ONLY ONE BOX (A), (B), OR (C).**

- A. Age-Based Portfolios** – Assets are invested in a mix of stocks, bonds, and money market funds allocated according to the age of the Designated Beneficiary. As the Designated Beneficiary approaches college age, the investment will move to an increasingly conservative allocation. If you've checked box (A), select one of the following:
- Aggressive Portfolio**       **Moderate Portfolio**       **Conservative Portfolio**
- 
- B. Target Portfolios** – The asset allocations of these Portfolios remain fixed or “static” within a specified range. If you've checked box (B), select one of the following:
- Fund 100**       **Fund 80**       **Fund 60**       **Fund 40**       **Fund 20**       **Fixed Income Fund**
- 
- C. Individual Fund Portfolios** – Create your own investment mix from one or more of the 529 Portfolios below. If you've checked box (C), select one or more of the following (*must total 100%*).

**Money Market**

\_\_\_\_\_ % BlackRock Cash Funds  
529 Portfolio

**Fixed Income**

\_\_\_\_\_ % PIMCO Short-Term 529 Portfolio

\_\_\_\_\_ % Northern Bond Index  
529 Portfolio

\_\_\_\_\_ % PIMCO Total Return 529 Portfolio

\_\_\_\_\_ % BlackRock Inflation Protected Bond  
529 Portfolio

**Balanced**

\_\_\_\_\_ % T. Rowe Price Balanced 529 Portfolio

**Real Estate**

\_\_\_\_\_ % T. Rowe Price Real Estate  
529 Portfolio

**Domestic (U.S.) Equity**

Large-Cap

\_\_\_\_\_ % Harbor Large Cap Value  
529 Portfolio

\_\_\_\_\_ % Northern Equity Index 529 Portfolio

Large-Cap (Continued)

\_\_\_\_\_ % American Century Equity Growth  
529 Portfolio

\_\_\_\_\_ % T. Rowe Price Large-Cap Growth  
529 Portfolio

Mid-Cap

\_\_\_\_\_ % Northern Mid Cap Index 529 Portfolio

\_\_\_\_\_ % Fidelity Advisor Mid Cap II 529 Portfolio

Small-Cap

\_\_\_\_\_ % William Blair Small Cap Value 529 Portfolio  
(formerly William Blair Value Discovery 529 Portfolio)

\_\_\_\_\_ % Northern Small Company Index  
529 Portfolio

\_\_\_\_\_ % Lord Abbett Developing Growth  
529 Portfolio

**International Equity**

\_\_\_\_\_ % Northern International Equity Index  
529 Portfolio

\_\_\_\_\_ % Neuberger Berman International Large  
Cap 529 Portfolio

\_\_\_\_\_ % Lazard Emerging Markets Equity  
529 Portfolio

**Investment Products: Not FDIC Insured, No Bank Guarantee, May Lose Value.**

## Contribution Information

Check all that apply. Use this section to select the funding type(s) for your initial investment and/or for subsequent investments. You may select more than one option.

A.  **Enclose a Check** made payable to "CollegeCounts 529 Fund" \$    ,    .

B.  **Automatic Investment Plan** - Allows automatic contribution transfers from your bank account into a CollegeCounts 529 Fund Account, as well as automatic deposit of distributions from a CollegeCounts 529 Fund Account. \$   ,    .

**Frequency:** (check one)

- Weekly
- Twice a Month
- Monthly
- Quarterly
- Annually

**Timing:**

Day of the Week (circle one): Monday Tuesday Wednesday Thursday Friday

Days of Month: \_\_\_\_\_ & \_\_\_\_\_  
(If not provided, the transfers will occur on the 7th & 21st of the month.)

Day of Month: \_\_\_\_\_  
(If not provided, the transfer will occur on the 17th of the month.)

Day of the Month (i.e., 1-31): \_\_\_\_\_

**Check One:**

- January, April, July, and October
- February, May, August, and November
- March, June, September, and December

Month \_\_\_\_\_ and Day of Month (i.e., 1-31) \_\_\_\_\_

**Bank Account Information:**

1. **Bank Name:** \_\_\_\_\_

2. **Bank Routing Number:**

3. **Bank Account Number:** \_\_\_\_\_

4. **Account Type:**  Checking  Savings

Your bank account will be linked to your CollegeCounts 529 Fund Account so that you may purchase or sell shares by telephone or online at CollegeCounts529advisor.com.

YOUR NAME 123

**TAPE YOUR PREPRINTED VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP HERE.**

PAY TO THE 12-34

\$ \_\_\_\_\_

DOLLARS

SAMPLE

BANK NAME AND ADDRESS \_\_\_\_\_

MEMO \_\_\_\_\_

:123456789  34568:

**VOID**

Bank Routing Number

Bank Account Number

I hereby authorize the Program Manager to initiate debit entries to the bank account indicated above, and the bank indicated above to debit the same amount. This authority is to remain in full force and effect until the Program Manager has received notification from me of its modification or termination in such time as to afford the Program Manager 10 business days to act on it. I understand that if a transaction cannot be made because of insufficient funds or because either account has been closed, this service will be canceled by the Program Manager. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of applicable law. I further agree that if my draft is dishonored for any reason, with or without cause, the Program Manager will not bear any liability.

Union Bank & Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Account.

Please allow approximately 10 business days for the first transfer. Please retain a copy of this authorization for your records.

**X**

Signature of Bank Account Owner

Date

## Contribution Information (Continued)

**C.**  **Deposit of UGMA/UTMA Custodial Assets.** I am funding this custodial CollegeCounts 529 Fund Account with the proceeds from the sale of assets held in a custodial account that was established under a Uniform Gift/Transfer to Minors Act (UGMA/UTMA) for the benefit of the Beneficiary indicated in Section 3 of this Enrollment Form. I have read the Program Disclosure Statement and Account Agreement and understand that I will be considered the custodian of this Account as UGMA/UTMA custodian for such Beneficiary. I understand that this means I will not be able to change the Beneficiary on this Account, nor make Nonqualified Withdrawals other than for the benefit of such Beneficiary. I understand that these same restrictions will apply to other Contributions made to this Account, regardless of the source of the funds.

**D.**  **Transfer/Rollover Into the CollegeCounts 529 Fund:\***  
 You may transfer funds from another 529-qualified tuition program, directly transfer funds from a Coverdell Education Savings Account, or contribute proceeds from United States Savings Bonds. Certain rules and requirements must be met.

For more information, consult the CollegeCounts 529 Fund Advisor Plan Program Disclosure Statement and your financial, tax, or legal advisor.

- Direct Rollover from another Qualified 529 Plan\***  
 You must complete a Rollover Form and submit it with this Enrollment Form. \$ \_\_\_\_\_.
- Funds from a Coverdell Education Savings Account\***  
 You must complete a Rollover Form and submit it with this Enrollment Form. \$ \_\_\_\_\_.
- Funds from a qualified U.S. Savings Bond\***  
 Return the U.S. Savings Bond statement from your financial institution with this Enrollment Form. \$ \_\_\_\_\_.

\*You are responsible for providing the CollegeCounts 529 Fund with the breakdown between contributions and earnings of the amount of the transfer/rollover. Please provide an account statement from the prior financial institution detailing the contribution portion (basis) and the earnings portion of the contribution. If a breakdown is not provided, we are required by law to treat the entire amount as earnings in computing future withdrawals.

**E.**  **Payroll Deduction.** Complete the Payroll Deduction Form (check with your employer as to availability) and return it with this Enrollment Form.

## Trust or Other Entity Information

Complete if you are establishing a Trust or Other Entity as Account Owner.

	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Trust or Other Entity (Copy of Trust Document Required)	Date of Trust/Date of Entity
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Trustee(s) or Corporate Officer	Tax Identification Number
Mailing Address	City, State, ZIP
Permanent Address (if different from above; no PO Boxes)	City, State, ZIP

The Account Owner must sign and date this section in ink below:

- I acknowledge that I have received and read the current Program Disclosure Statement, Account Agreement, and this Enrollment Form and agree to be bound by the Account Agreement, the Act, and the Rules with respect to each Account I establish.
- I am 19 years of age or older. I am a U.S. citizen or a U.S. resident alien.
- I acknowledge that Accounts established under the CollegeCounts 529 Fund and their earnings are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency; are not a deposit or other obligation of Union Bank & Trust Company; are not guaranteed by the Board, the State of Alabama, the State Treasurer of Alabama, Union Bank & Trust Company, or Northern Trust Securities, Inc.; and are subject to investment risk, including loss of principal.
- If established with a Trust as Account Owner, by signing this Enrollment Form the undersigned Trustee or Trustees certify that the provided trust agreement (or excerpts thereof) is a true copy of the current and valid legal document(s) and that there are no other Trustees of the Trust other than those listed in Section 9.
- I hereby ratify any telephone instructions given pursuant to this authorization and agree that the Board, Program, State, and Program Manager will not be liable for any loss, liability cost, or expense for acting upon such instructions. I understand that telephone calls may be recorded by the Program Manager, and I consent to such recordings.
- The information I have provided on this form is accurate and true.
- I certify that if I am funding this Account from a 529 rollover or transfer for the same Designated Beneficiary, there have been no other rollovers for the same Designated Beneficiary in the previous 12 months.
- I understand each Account established herein is governed by an arbitration clause, which is set forth in Section 12 of the Account Agreement. I acknowledge receiving a copy of the arbitration clause.
- I understand that providing my e-mail address gives the Program Manager permission to send me information about the CollegeCounts 529 Fund and services via e-mail.

■ **CERTIFICATION. Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or U.S. resident alien, a domestic trust, an estate, a partnership, corporation, or company created or organized in the United States or under the laws of the United States.

If you are a resident of a state other than Alabama, you should check with your home state to see if it offers a Section 529 program. That program may offer state tax or other benefits to residents of that state which may not be available to investors in programs of other states.

**Signature and Date Required**

<b>X</b>	
Signature of Account Owner	Date
Print Name Here	Title (if other than an individual is establishing the Account)



Offered by the  
State of Alabama

UBT 529 Services a Division of



Program Manager