CollegeCounts
ADVISOR-GUIDED 529 FUND

Enrollment Form

Return This Form to:
CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:
CollegeCounts 529 Fund
1248 O Street, Suite 200
Lincoln, NE 68508

Complete this form with your Financial Advisor to open a CollegeCounts 529 Fund Advisor Plan Account.

If you have questions, please call us at **866.529.2228,** Monday–Friday, 7 a.m. to 7 p.m. (Central).

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, you must provide your name, address, date of birth, Social Security number or Taxpayer Identification Number, and other information that will allow us to identify you.

1. Account Type and Owner Information

(Please check only one and complete the appropriate information)

☐ **Individual Account**

Account Owner Legal Name (First, M.I., Last): ______________________

Account Owner Social Security Number: ______________________

Account Owner Date of Birth (MM/DD/YYYY): ______________ Gender: ☐ Male ☐ Female

Residency Status: ☐ U.S. Citizen ☐ U.S. Resident Alien

Relationship to Beneficiary (i.e. Parent, Grandparent, etc.): ______________________

☐ **UGMA/UTMA Account**

UGMA/UTMA Custodian Name: ______________________

UGMA/UTMA Custodian Social Security Number: ______________________

UGMA/UTMA Custodian Date of Birth (MM/DD/YYYY): ______________ Gender: ☐ Male ☐ Female

Residency Status: ☐ U.S. Citizen ☐ U.S. Resident Alien

☐ **Trust-Owned Account**

- **Attach copy of Trust Agreement**

Name of Trust: ______________________

Trust Tax ID Number: ______________ Date of Trust: ______________

Name of Trustee: ______________________

Social Security or Taxpayer Identification Number of Trustee: ______________________

Date of Birth of Trustee (MM/DD/YYYY): ______________________

☐ **Corporate, 501(c)(3) or other Entity-Owned Account**

- **Attach a copy of the corporate resolution, bylaws, or charter that lists the person authorized to act on behalf of the organization**

☐ Corporation ☐ 501(c)(3) ☐ Other (Please Specify):

Name of Corporation, 501(c)(3), or other Entity: ______________________

Entity Taxpayer Identification Number: ______________________

Name of Authorized Representative: ______________________

Social Security or Taxpayer Identification Number of Authorized Representative: ______________________

Date of Birth of Authorized Representative (MM/DD/YYYY): ______________________

2. Account Holder from Section 1 Address and Contact Information

Street Address (no P.O. Boxes): ______________________________

City, State, Zip: ______________________________

Mailing Address (if different from above): ______________________________

City, State, Zip: ______________________________

Daytime Phone Number: ______________ Evening Phone Number: ______________

Email Address: ______________________________

3. Beneficiary Information (The future student or the name of the beneficiary of the UGMA/UTMA)

Legal Name (First, M.I., Last): ______________________________

Social Security or Taxpayer Identification Number: ______________________________

Date of Birth (MM/DD/YYYY): ______________ Gender: ☐ Male ☐ Female

☐ Please check this box if the Beneficiary's address is the same as the Account Holder's. If so, you do not need to complete the address line below.

Street Address (no P.O. Boxes): ______________________________

City, State, Zip: ______________________________

4. Successor Account Owner (Not permitted for UGMA/UTMA Accounts)

- **You may name a Successor Account Owner to take control of the Account in the event that the Account Owner dies or becomes legally incompetent.**

Legal Name (First, M.I., Last): ______________________________

Social Security or Taxpayer Identification Number: ______________________________

Date of Birth (MM/DD/YYYY): ______________

5. Fee Structure (Please select one Fee Structure per account)

☐ **Fee Structure A**

☐ **Fee Structure C**

☐ **Fee Structure F:**
Available to Account Owners who establish an Account through a Registered Investment Advisor who has a selling agent agreement with CollegeCounts.

☐ **Fee Structure A–Sales Charge Waiver** (If you've checked this box, select one option below):

☐ **Registered Representatives and other employees.** I certify that I am an employee, or associated person, or a member of their "immediate family" (spouse, children, mother, father) of a selling institution that has entered into a selling agent agreement to sell interests in the CollegeCounts 529 Fund Advisor Plan.

☐ **Employer Front-End Load Waiver** (for employers with 25 or more employees). I certify that the below referenced company or agency employs 25 or more employees and qualifies for Fee Structure A at net asset value and has completed and returned to CollegeCounts the Employer Front-End Load Waiver Form.

Company Name: ______________________________

6. Investment Professional (Broker/Dealer or Other Financial Advisor Firm)

- **The Investment Professional named below may access and transact on your CollegeCounts 529 Fund Advisor Plan Account.**

Investment Professional Name: ______________________ Rep. Number: ______________

Investment Professional Email Address: ______________________ Daytime Phone: ______________

Firm Name: ______________________ Branch Number: ______________

Branch Address: ____

City, State, Zip: ____

Name of Broker/Dealer Firm: ____

NSCC Clearing Number (if applicable): ____

7. Investment Portfolio Selection

Check only one box: A, B, or C.

(Your initial and future contribution(s) will be invested based on your following selection, unless directed otherwise.)

☐ **A. Age-Based Portfolios** (If you've checked box A, ***select one*** of the following)

☐ Aggressive Portfolio ☐ Moderate Portfolio ☐ Conservative Portfolio

☐ **B. Target Portfolios** (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** (If you've checked box C, ***select any*** of the following [must total 100%, only whole percentages allowed])

Bank Savings

_______% Bank Savings 529 Portfolio

Money Market

_______% State Street U.S. Government Money Market 529 Portfolio

Fixed Income

_______% PIMCO Short-Term 529 Portfolio

_______% Northern Funds Bond Index 529 Portfolio

_______% Fidelity Advisor Investment Grade Bond 529 Portfolio

_______% PGIM Total Return Bond 529 Portfolio

_______% American Century Short Duration Inflation Protection Bond 529 Portfolio

_______% BlackRock High Yield Bond 529 Portfolio

_______% AB Global Bond 529 Portfolio

Balanced

_______% T. Rowe Price Balanced 529 Portfolio

Real Estate

_______% DFA Real Estate Securities 529 Portfolio

_______% Principal Global Real Estate Securities 529 Portfolio

Commodities

_______% Parametric Commodity Strategy 529 Portfolio

Domestic (U.S.) Equity

Large-Cap

_______% DFA U.S. Large Cap Value 529 Portfolio

_______% Northern Funds Stock Index 529 Portfolio

_______% T. Rowe Price Large-Cap Growth 529 Portfolio

Mid-Cap

_______% Northern Funds Mid Cap Index 529 Portfolio

Small-Cap

_______% T. Rowe Price Small Cap Value 529 Portfolio

_______% Northern Funds Small Cap Index 529 Portfolio

_______% T. Rowe Price Integrated U.S. Small-Cap Growth Equity 529 Portfolio

International Equity

_______% Northern Funds International Equity Index 529 Portfolio

_______% Neuberger Berman International Select 529 Portfolio

_______% DFA International Small Company 529 Portfolio

_______% Vanguard Emerging Markets Select Stock 529 Portfolio

8. Funding Method(s) (Check all that apply)

☐ **Check** (payable to CollegeCounts 529 Fund Advisor Plan) $ ______________________

☐ **One-Time Electronic Funds Transfer** from your bank account $ ______________________
This amount will be your initial contribution to open your account. Please provide your bank information in Section 9.

☐ **Automatic Investment Plan** $ ______________________

- **This authorizes systematic investments from your bank account. Please provide your bank information in Section 9 below.**

Frequency:

☐ Monthly (Date) ______
(If you do not provide a date, the transfer will occur on the 17th of each month.)

☐ Twice a Month (Dates) ______ & ______
(If you do not provide dates, the transfers will occur on the 11th and the 25th of each month.)

☐ Quarterly (Day of Month): ________
☐ Jan., Apr., Jul., Oct. ☐ Feb., May, Aug., Nov. ☐ Mar., Jun., Sept. Dec.

☐ Annually (MM/DD) ______________

☐ **Payroll Deduction.** Complete the Payroll Deduction Form and return with this Enrollment Form.

☐ **Deposit of UGMA/UTMA Custodial Assets.** I am funding this custodial 529 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 Non-Qualified 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.

☐ **Rollover/Transfer Into the CollegeCounts 529 Fund Advisor Plan:** You may transfer funds from another 529 qualified tuition program, directly transfer funds from a Coverdell Education Savings Account, and 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.

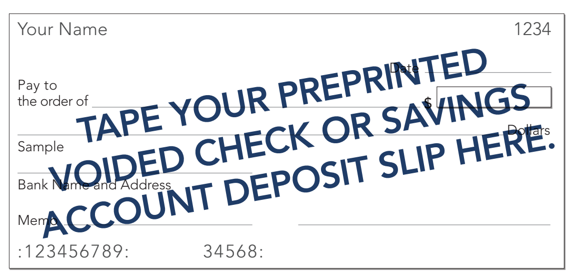
☐ Direct Rollover from another Qualified 529 Plan* ☐ Coverdell Education Savings Account*

☐ Qualified U.S. Savings Bond

*If you select this option, you must complete the Rollover Form and submit it with this Enrollment Form.

It is important that you provide a statement from the prior financial institution breaking down the earnings and cost basis. If you do not provide a statement, the entire amount will be treated as earnings in computing future withdrawals.

9. Banking Information



Account Type:

☐ Checking ☐ Savings

- **Tape voided check here. Do not staple.**
This bank account will automatically be linked to your CollegeCounts 529 Fund Advisor Plan Account for telephone and website purchases and redemption/withdrawal transactions.

☐ Instead of submitting a separate check, use the bank account information on the initial investment check enclosed.

☐ Use the bank account information from my other 529 accounts in the Trust.

Bank account number(s) ______________________ Bank account number(s) ______________________

If you are not the bank account owner - the named bank account owner(s) must authorize AIP and/or EFT service by signing here.

X ______________________________
Signature

X ______________________________
Signature

10. eDelivery of Documents (Select the below box to sign up for eDelivery)

☐ **I consent to the delivery of the following documents electronically ("eDelivery").**

- Account Statements / Plan Disclosure Documents and Updates / Plan News

☐ **I understand that when a new document is available, I will receive an email notification to the email address I have provided CollegeCounts.**

Please send email notification to the email address provided in Section 2. ______________________

The email will include a link to the CollegeCounts529advisor.com site that will take me directly to the login page where I can enter my credentials and view and download the document. This consent will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to CollegeCounts or by logging into my account at CollegeCounts529advisor.com and choosing e-Delivery Settings.

At the time my Account is established, I will receive a confirmation email that will enable me to complete my eDelivery registration and select my preferences. I acknowledge that I have Internet access, an email address, and all software necessary to receive and view documents electronically.

11. Optional Demographic Information

(For statistical purposes only)

The following information is being requested for tracking purposes. Your response will be kept confidential. See the Program's Privacy Notice.

1. How did you hear about CollegeCounts?
(you may select more than one)

- ☐ Financial advisor
- ☐ Facebook
- ☐ TV commercial
- ☐ Online research
- ☐ Friend/family member
- ☐ Tax professional
- ☐ Event (Babypalooza, Children/Family Event, Service Group Meeting, etc.)
- ☐ News story
- ☐ Other: ______________________

2. What aspect(s) of CollegeCounts are most appealing to you?

- ☐ Tax advantages
- ☐ Flexibility
- ☐ Estate planning
- ☐ Affordability
- ☐ Multi-managed investments

12. Authorization

By signing below, I understand and hereby certify that:

I have received and consent and agree to all the terms and conditions of the Program Disclosure Statement, including all fees and expenses; the Account Agreement; and, this Enrollment Form and agree to be bound by their terms and all amendments.

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 am at least 19 years of age and of full legal age in the state in which I reside. I am a U.S. citizen or a U.S. resident alien.

I acknowledge that Accounts established under the CollegeCounts 529 Fund Advisor Plan and their earnings are not guaranteed or insured by the Federal Deposit Insurance Corporation (except for the Bank Savings 529 Portfolio underlying investment) or any other governmental agency; are not guaranteed by the State of Alabama, the State Treasurer of Alabama, the Board, Union Bank and Trust Company or Northern Trust Securities, Inc.; and are subject to investment risk, including loss of principal.

12. Authorization (continued from previous page)

I understand that it is the Program's policy to send one copy of the Program Disclosure Statement for all Accounts for which I am Account Owner. I understand this applies to all existing Accounts and any Accounts that I may open in the future. I consent to this policy.

I authorize Union Bank and Trust Company, its agents and affiliates, and the Trust to act on any instructions believed to be genuine and from me for any telephone, electronic and website services. Union Bank and Trust Company and the Trust use procedures designed to verify the authenticity of the Account Owner or Custodian. If these procedures are followed, Union Bank and Trust Company and the Trust will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can obtain information about my Account and can make telephone, electronic, or computer exchange and/or redemption, contribution or withdrawal transactions on my behalf.

By selecting the electronic transfer service in Section 8 and 9, I hereby authorize Union Bank and Trust Company to initiate debit and/or credit entries to the bank account indicated above, and the bank indicated above to debit the same amount. I acknowledge that the referenced bank account will be linked to my CollegeCounts 529 Fund Advisor Plan Account so that I may purchase or sell shares by telephone or online at CollegeCounts529advisor.com. This authority is to remain in full force and effect until Union Bank and Trust Company has received notification from me of its modification or termination in such time as to afford Union Bank and Trust Company reasonable time 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 cancelled by Union Bank and Trust Company. I acknowledge that the origination of Automated Clearing House (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, Union Bank and Trust Company will not bear any liability. Union Bank and Trust Company may correct any transaction errors with a debit or credit to my financial institution account and/or my CollegeCounts 529 Fund Advisor Account. Please retain a copy of this authorization for your records.

I acknowledge that, if this form is electronically signed, my electronic signature will have the same legal validity and enforceability as a manually executed signature or handwritten signature to the fullest extent permitted by applicable law, including the Federal Electronic Signatures in Global and National Commerce Act, the Uniform Electronic Transactions Act or any similar state law based on the Uniform Electronic Transactions Act. I acknowledge that any electronic signature must be a certificate-based digital signature, and that any electronically signed form must be accompanied by a digital signature certificate or a digital signature audit trail containing, at a minimum, information regarding the date and time the electronic signature was executed, as well as the following personally identifying information of each signer: the signer's legal name, email address, and internet protocol address. I understand that this Enrollment Form may not be signed using Adobe Acrobat Reader's "Fill & Sign" and "Adobe Sign" features or any other electronic signature method that does not produce an acceptable certificate-based digital signature.

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 1.

I authorize the Investment Professional assigned to my Account to have access to my Account and to act on my behalf with respect to my Account. I acknowledge that my Investment Professional named in Section 6 has authority to act on my behalf with respect to my CollegeCounts 529 Fund Advisor Plan Account. My Investment Professional is authorized to: direct withdrawals, change address of record, change bank account information, change investment portfolio selection, and request statements and account information.

CERTIFICATION. Under penalties of perjury, I certify that:

1. That 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.

Signature and Date Required

X ____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee — Date

____

Print Name Here

____

Title (if an entity other than an individual is establishing the Account)

If the Account Owner is a trust and there is more than one trustee, the additional trustee must sign here.

X ____

Signature of Co-Trustee

____

Print Name Here — Date