

If you have questions while completing this form, please call us toll free at **1.888.244.5674**, Monday through Friday, 8:00 a.m. to 7:00 p.m., Eastern Time, or visit us at www.futurescholar.com.

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 219812
Kansas City, MO 64121-9812

Overnight Mail:

Future Scholar 529 College Savings Plan
801 Pennsylvania Ave STE 219812
Kansas City, MO 64105-1307

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

Mobile Phone Number

Home Phone Number

II. Additional Investment and Allocation Instructions

SC Taxpayers, please note: If you contribute to your Future Scholar account between January 1 and the tax filing deadline, 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 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 Tax Year Prior Tax Year

Amount of additional investment: \$_____ (Make checks payable to: **Future Scholar 529 Plan**)

You may direct your additional investment to an existing or new portfolio. The minimum investment is \$25 per new portfolio. See the Program Description for more information.

- Deposit Instructions:** Invest my contribution based on my current allocation instructions on file.
- Override Allocation Instructions:** By selecting this option, your additional investment will be based on the allocation instructions you provide below. This will NOT affect your existing allocations (if any) currently on file.
- Override and Update Allocation Instructions:** By selecting this option, your additional investment and future contributions will be based on the allocation instructions you provide below.

Portfolio Choices: Use a whole percentage next to each Portfolio below. Portfolio choices must collectively equal 100%.

Portfolio Number	Portfolio Name	% of Investment
		%
		%
		%
		%
		%
Total Percentage		%

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 College Savings 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 College Savings Plan may be recorded, and I consent to such tape recordings.

Print Name of Account Owner (Include capacity, if applicable)

Signature of Account Owner

Date

Print Name of Joint Tenant (if applicable)

Signature of Joint Tenant

Date

