

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 College Savings 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 **1.888.244.5674**, Monday through Friday, 8:00 am to 7:00 pm, Eastern time

Your completed form and all applicable documentation should be sent 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

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

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)

Mobile Phone Number

Home Phone Number

Joint Account Owner's First name

Middle initial

Last name

4. Investment Options

Portfolio choices are described in detail in the Program Description, available at www.futurescholar.com. You may choose to re-allocate the existing portfolios. Allocations in sections 1, 2 and 3 must collectively equal 100%. You are permitted to transfer existing balances between Portfolios twice 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.

1. **Age-Based Choice** - An initial Allocation Portfolio will be selected based on the date of birth of the Designated Beneficiary 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: <u>Choose one Risk Track</u>	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 %)
Future Scholar Aggressive Growth Portfolio	%
Future Scholar Growth Portfolio	%
Future Scholar Moderate Growth Portfolio	%
Future Scholar Moderate Portfolio	%
Future Scholar Moderately Conservative Portfolio	%
Future Scholar Conservative Portfolio	%
Future Scholar College Portfolio	%
Equity Options:	
Future Scholar International Equity Index Portfolio	%
Future Scholar Large Cap Index Portfolio	%
Future Scholar Mid Cap Index Portfolio	%
Future Scholar Small Cap Index Portfolio	%
Fixed Income Options:	
Future Scholar Bond Index Portfolio	%
Future Scholar Short Term Bond Index Portfolio	%
Future Scholar TIPS Bond ETF Portfolio	%
Future Scholar Ultra Short Term Bond Portfolio	%
Cash and Cash Equivalent Options:	
Future Scholar Bank Deposit Portfolio	%
Future Scholar Legacy Capital Preservation Portfolio	%
TOTAL	%

3. **Dollar Cost Averaging from the Future Scholar Legacy Capital Preservation Portfolio**

Complete this section to have your contribution in the Future Scholar Legacy Capital Preservation 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's 529 College Savings Program Direct Plan to allocate the amount you designate from the Future Scholar Legacy Capital Preservation Portfolio on a monthly or quarterly basis into your chosen investment options. Allocations continue until no balance remains in the Legacy Capital Preservation 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 per Beneficiary)

Future Scholar Legacy Capital Preservation Portfolio	%
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B. Please indicate the frequency for making allocations from the Future Scholar Legacy Capital Preservation 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.

C. SYSTEMATIC EXCHANGE

Please allocate the dollar amount indicated into the investment options selected below. Allocations continue until no balance remains in the Future Scholar Legacy Capital Preservation 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).

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: <i>If investing in age-based <u>Choose one Risk Track</u></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
Future Scholar Aggressive Growth Portfolio	\$
Future Scholar Growth Portfolio	\$
Future Scholar Moderate Growth Portfolio	\$
Future Scholar Moderate Portfolio	\$
Future Scholar Moderately Conservative Portfolio	\$
Future Scholar Conservative Portfolio	\$
Future Scholar College Portfolio	\$
Equity Options:	
Future Scholar International Equity Index Portfolio	\$
Future Scholar Large Cap Index Portfolio	\$
Future Scholar Mid Cap Index Portfolio	\$
Future Scholar Small Cap Index Portfolio	\$
Fixed Income Options:	
Future Scholar Bond Index Portfolio	\$
Future Scholar Short Term Bond Index Portfolio	\$
Future Scholar TIPS Bond ETF Portfolio	\$
Future Scholar Ultra Short Term Bond 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.futurescholar.com 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Successor Account Owner, Custodian, or trustee (first)	(m.i.)	(last)

<input type="text"/>	<input type="text"/>
Social Security number of Successor Account Owner or Taxpayer ID number of trust or agency	Date of birth of Successor Account Owner or Date of trust (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 Savings Plan 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 College Savings 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.futurescholar.com for an Automatic Contributions/Electronic Bank Transfer Form. Your bank must be a member of the Automated Clearing House System to use these services.

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 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. Automatic Contribution Plan

I choose to have contributions to my new Future Scholar 529 College Savings 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:

Portfolio Name Or Portfolio Number	\$ <input style="width: 60px; height: 20px;" type="text"/>	Total amount	Portfolio Name Or Portfolio Number	\$ <input style="width: 60px; height: 20px;" type="text"/>	Total amount
Portfolio Name Or Portfolio Number	\$ <input style="width: 60px; height: 20px;" type="text"/>	Total amount	Portfolio Name Or Portfolio Number	\$ <input style="width: 60px; height: 20px;" type="text"/>	Total amount

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.

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

