

Not FDIC insured	May lose value
No bank, state, or federal guarantee	

Enroll online at www.FutureScholar.com or complete this Account Application to establish an Account.

For assistance, please call toll-free: **1.888.244.5674**.

Please return this completed form, check(s), and any other documents to:

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

How did you learn about the Future Scholar Program?

TV Print ad Radio ad Website Family/Friend CPA Financial Advisor Other

1a. Account Information

Please check only one box below and complete the appropriate information. To open a trust, statutory trust, corporation or 501(c)(3) organization account, please complete **Section 1b** on page 2.

<input type="checkbox"/>	Individual	One person establishes and controls the account.
<input type="checkbox"/>	Joint Tenant (Spouses Only)	Joint Account ownership is available for spouses only. More than one person establishes and controls the Account. Joint Accounts will be established with rights of survivorship and not as tenants in common. The first Account Owner's name and Social Security number will be used for IRS reporting purposes.
<input type="checkbox"/>	Uniform gift/transfer to minors	This option should be selected only if you are submitting proceeds from a UGMA/UTMA account.

Primary Account Owner or Custodian

Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			City	State	ZIP Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship (if other than US citizen please indicate country of citizenship)			Mobile Phone Number	Home Phone Number	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

Joint Tenant, if applicable

Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			City	State	ZIP Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Citizenship (if other than US citizen please indicate country of citizenship)			Mobile Phone Number	Home Phone Number	
<input type="text"/>			<input type="text"/>	<input type="text"/>	

Residential Address for Primary Account Owner is required (must provide if different from above; may not be a PO Box)

Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1b. Account Information

(Please check only one box below and complete the appropriate information ONLY if you are establishing a trust, statutory trust, corporation or 501(c)(3) organization account.)

<input type="checkbox"/>	Trust	Please complete all information for trust and trustee. You must include a copy of the first and last page of the trust agreement with the Account Application. Please refer to the box below if you are establishing a statutory trust with the Account Application. Please refer to the box below if you are establishing a statutory trust.
<input type="checkbox"/>	Statutory Trust	Please complete all the information for trust and trustee. You must also include a copy of the first and last page of the trust agreement with the Account Application along with a completed Certificate of Authorization, Control Person and Beneficial Owner Form. Please refer to the box above if you are establishing a non-statutory trust.
<input type="checkbox"/>	Corporation or 501(c)(3) Organization	Documentary Evidence is required. You will also need to complete a Certificate of Authorization, Control Person and Beneficial Owner Form.

Trustee(s) or Authorized Individual(s)

Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of trust/agency/corporation/501(c)(3)			Date of Trust (MM/DD/YYYY)	Taxpayer ID Number
<input type="text"/>			<input type="text"/>	<input type="text"/>
Residential Address (Or principle place of business; may not be a PO Box)	City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Number	<input type="text"/>			

2. Electronic Delivery of Documents

Yes! I want to save paper and have my statements, Program Descriptions and other materials provided to me electronically rather than in the mail. I understand that, by checking the box above, I hereby consent to receive statements, Program Descriptions and supplements electronically. If I do not consent above, I understand that I will receive my documents/statements in paper format through U.S. mail. I understand that I will receive an email notice indicating that the most recent documents or statements are available for viewing and downloading at www.futurescholar.com and that I will need to establish a login ID and password to view these materials. I may change my electronic delivery preferences or unsubscribe from e-delivery at any time by logging into my account online or by calling 1-888.244-5674.

Primary Account Owner E-mail address for Electronic Delivery of Documents

3. Designated Beneficiary Information

Designated Beneficiary #1

Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (if different from Account Owner's; may not be a PO Box)	City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Citizenship (if other than US citizen please indicate country of citizenship)	<input type="text"/>			

Designated Beneficiary #2

Name (first)	(m.i.)	(last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Address (if different from Account Owner's; may not be a PO Box)	City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Citizenship (if other than US citizen please indicate country of citizenship)	<input type="text"/>			

4. Successor Account Owner Information (optional)

An Account Owner may designate a Successor Account Owner to assume control of the account upon the Account Owner's 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 or to have a different Successor Account Owner for each beneficiary, the Account Services Form must be completed.

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.

This section is OPTIONAL and is not available on UTMA/UGMA 529 accounts; however, ALL of the information below must be completed in order to designate a Successor Account Owner.

Note: If two accounts are being established, the designated Successor Account Owner will be the same for both beneficiaries. You may complete the Account Services Form to designate separate Successor Account Owners.

Name of Successor Account Owner, Custodian or Trustee (first)	(m.i.)	(last)	Date of Birth of Successor Account Owner or Date of Trust (MM/DD/YYYY)	Social Security Number of Successor Account Owner or Taxpayer ID Number of trust or agency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the Successor Account Owner will be a trust: name of trust

5. Initial Contribution (how the account will be funded)

Your initial contribution must be made by check, money order, one-time bank draft or by rollover from a Coverdell Education Savings Account (Coverdell ESA) or another 529 College Savings Plan (CSP).

SC Taxpayers, please note: Contributions between January 1 and the tax filing deadline can 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 Year Prior Year

I am making this initial contribution(s) by:

A. Check or Money Order payable to Future Scholar 529 Plan

Designated Beneficiary #1	Designated Beneficiary #2
<input type="text"/>	<input type="text"/>

B. One-time bank draft. If you complete the Bank Instructions section of this application, we will debit your checking or savings account for the initial contribution. You may also establish subsequent contributions with this bank information.

Designated Beneficiary #1	Designated Beneficiary #2
<input type="text"/>	<input type="text"/>

C. Direct Transfer/Rollover*. Use this option if you authorize Future Scholar 529 College Savings Plan to initiate the rollover from your current Coverdell ESA or 529 CSP provider. Complete and attach an Incoming Transfer/Rollover Form for each designated beneficiary (the form can be found at www.futurescholar.com or by calling 1.888.244.5674).

Designated Beneficiary #1	Designated Beneficiary #2
<input type="text"/>	<input type="text"/>

D. Indirect Rollover from a Coverdell ESA, another 529 CSP or Qualified US Savings Bonds*. Use this option if you have already taken the distribution of assets (check payable to Future Scholar 529 College Savings Plan).

Documentation showing the breakdown of contributions and earnings (interest) MUST be provided below. If no documentation is provided, the entire amount will be invested as earnings. If your initial contribution is from the distribution of a Coverdell ESA or 529 CSP, it MUST be received by Future Scholar 529 College Savings Plan within 60 days from the withdrawal date of the previous plan to avoid adverse tax consequences. See the Program Description for more information.

Designated Beneficiary #1 Contributions	Designated Beneficiary #2 Contributions
<input type="text"/>	<input type="text"/>
Earnings/Interest	Earnings/Interest
<input type="text"/>	<input type="text"/>

*If this rollover is from another Future Scholar account or the South Carolina Tuition Prepayment Program (SCTPP), this option is considered one of the twice-per-year investment reallocations allowed for all your accounts with the same Designated Beneficiary in a college savings program sponsored by the State of South Carolina. See the Program Description for more information.

6. 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.futurescholar.com 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 3) 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: <i>If investing in age-based Choose one Risk Track</i>	Designated Beneficiary #1	Designated Beneficiary #2
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	Designated Beneficiary #2
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	%	%

- 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	Designated Beneficiary #2
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	TOTAL
	%	%

7. Bank Instructions

You must provide the following information to add bank instructions to your Future Scholar 529 Account for initial or subsequent contributions or for use with the Automatic Contribution Plan. Your bank must be a member of the Automated Clearing House System to use these services.

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

J. Smi 123 Main Street Anytown, USA 12345		_____ 20 ____	0001
PAY TO THE ORDER OF _____		\$ _____	
		_____ DOLLARS	
Your Bank			
Memo _____			
123456789	123456789	0001	
Routing Number	Account Number		

8. Automatic Contribution Plan (ACP) (Check A or B.)

I choose to have contributions to my Future Scholar 529 Plan account automatically withdrawn from my bank account.

Designated Beneficiary #1

Designated Beneficiary #2

ACP Instructions: Use the investment allocations instructions in Section 6 for the ACP.

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 6.

Designated Beneficiary #1

Portfolio Number Or Portfolio Name	%	
Portfolio Number Or Portfolio Name	%	
Total	%	

Designated Beneficiary #2

Portfolio Number Or Portfolio Name	%	
Portfolio Number Or Portfolio Name	%	
Total	%	

Frequency:

Designated Beneficiary #1 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): _____, _____, _____, _____ *

Designated Beneficiary #2 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.

9. Telephone and Online Privileges

Unless otherwise indicated below, I authorize Future Scholar 529 College Savings Plan to accept telephone and online instructions from a person identifying themselves as owner of the account 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 or online, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I do NOT want the Exchange Privilege | <input type="checkbox"/> I do NOT want the Redemption Privilege |
| <input type="checkbox"/> I do NOT want the Electronic Bank Transfer Purchase privilege | <input type="checkbox"/> I do NOT want the Electronic Bank Transfer Redemption privilege |

10. Signature(s)

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. To open an account, you and the beneficiary must be a US citizen or resident alien to be eligible to open a Future Scholar 529 Plan account. You and the beneficiary must provide your name, address, date of birth and other information, which we will use to verify your identity. If you do not provide the information, we may not be able to open your account. If we are unable to verify this information, we reserve the right to close or limit your account.

By signing below, I hereby apply for the Future Scholar 529 Plan Account(s) and certify that all of the information contained in this Account 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 Account 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 my funds to be placed in the Account(s) are intended to be used solely to pay Qualified Education Expenses of the Designated Beneficiary(ies)
- 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 Future Scholar Bank Deposit 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 Account Owner (Include capacity, if applicable)

Signature of Account Owner

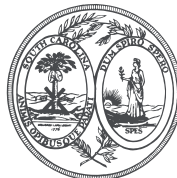
Date

Print Name of Joint Tenant (if applicable)

Signature of Joint Tenant

Date

Please make sure:	✓ The Account Owner section is complete including date of birth, Tax ID number, residential address and citizenship.	✓ The investment allocation choice is clearly chosen.
	✓ The Beneficiary section is complete including date of birth, Tax ID number, residential address and citizenship.	✓ Each Account Owner has signed and dated the Account Application.
	✓ The initial contribution method is chosen. If applicable, checks payable to Future Scholar 529 College Savings Plan.	✓ All required documentary evidence and/or additional forms are complete and included.



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