NC 529 Plan

North Carolina's National College Savings Program



Enrollment and Participation Agreement Supplement

Use this form for CHANGES or CORRECTIONS to your original *Enrollment and Participation Agreement*. Follow the steps below, printing clearly in capital letters and dark ink:

- · Enter required information directly below.
- Complete *only* the numbered sections that contain the information you want to change in your Enrollment Agreement. For details and definitions, refer to the *Program Description for North Carolina's National College Savings Program* ("the Program Description").
- Sign and date the form in **Section 7** and mail it to the NC 529 Plan.

Please print clearly in capital letters and dark ink.

Make checks payable to: "NC 529 Plan"

Mail to:	NC 529 Plan P.O. Box 40877 Raleigh, NC 27629-0877				
Overnight or registered mail:	NC 529 Plan 2917 Highwoods Blvd. Raleigh, NC 27604				
Fax to:	919-835-2304				
Email to:	savings@cfnc.org				
	ms, contact the Program llege Foundation, Inc. 800-600-3453				

919-828-4904 (Raleigh)

One of the College Foundation of North Carolina (CFNC) services helping students and families plan, apply and pay for college.

Required Information

Name of Participant (First, Middle, Last, Suffix)		
Account Number		

Update of Current Participant Record

Changes made in this section will be applied to every Account you hold in North Carolina's National College Savings Program.

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- Use this section to update or replace information about yourself as the current Participant (Account owner). If you are requesting a name change, attach a copy of your court order, marriage certificate, adoption papers, divorce decree or other official documentation.
- If you want to transfer ownership of your Account to a new Participant, complete a Supplement for Immediate Replacement of Participant (Form C422) instead of this form.

Name of Participant (First, Middle, Last, Suf	ffix)			
	□ SSN □ TIN	Social Security or Taxpayer Identification	Number	Birth Date (month, day, year)
Address (line 1)				
Address (line 2)				
City		State	Zip or Postal Code	Country (if not U.S.)
Primary Telephone Number (8:00 a.m. to 5:	00 p.m.)	Alternate Tele	ephone Number	
Email Address				
Electronic Delivery: I prefer online no	tification of	f quarterly Account s	tatements and	

Electronic Delivery: I prefer online notification of quarterly Account statements and other communication using my e-mail address above instead of receiving paper statements and notices via standard mail.

2 Successor Participant Information

Changes made in Sections 2 through 6 will be applied only to the specific Account Number entered in the Required Information section of this form. Complete a separate Agreement Supplement for each individual Account for changes that pertain to multiple Accounts.

- Use this section to change information about the current Successor Participant, to add a Successor Participant (if one was not designated in your original Enrollment Agreement form), or to replace the current Successor Participant with a new one. To request immediate succession, complete a *Supplement for Immediate Replacement of Participant* (Form C422) instead of this form.
- The Successor Participant is the individual you may designate to replace you as Participant in the event of your death or incapacity; he or she must be at least 18 years old. Until the time that a Successor Participant may take over your Account, this person does **not** have any access to the Account or any information related to it.

Check one: Delete Successor Participant.

- Update Successor Participant Information.
- Add First-time or Replacement Successor Participant

Name of Successor Participant (First Mid											
Name of Successor Participant (First, Middle, Last, Suffix)											
Check type and enter the number.	SSN										
If changing the current Successor Participant's SSN or TIN, attach a copy of the Successor Participant's identification card.	TIN 🗆	Social Security or Taxpayer Identification Number									
Birth Date (month, day, year)		Telephone Number									
2											

5 Beneficiary Information

- Use this section to update information about the current Beneficiary or to replace the current Beneficiary with a new one.
- You may replace the current Beneficiary with a new one only if (i) the new Beneficiary is a Member of the Family of the replaced Beneficiary; (ii) the change in Beneficiary would not result in an Excess Contribution on behalf of the new Beneficiary; and (iii) the change does not involve an UGMA/UTMA Account. The Member of the Family criteria does not apply to a Governmental Entity or a 501(c)(3) Organization that has established a Scholarship Account without a named Beneficiary.
 - Note: Request for a new Beneficiary should be submitted to the Program Administrator no later than 60 days before the first date of any Withdrawal request.

Check one: Update current Beneficiary information.

Replace the current Beneficiary. (A new Account number will be assigned.)

I designate the individual named below as Beneficiary of this Account. If updating current Beneficiary's name, attach a copy of the court order, marriage certificate, adoption papers, divorce decree, or other official documentation.

Name of Beneficiary (First, Middle, Last, Sut	ffix)									
Check type and enter the number.	SSN									
If changing the current Beneficiary's	🗖 TIN	Social Security or Taxpayer Identification Number								
SSN or TIN, attach a copy of the Beneficiary's identification card										
		Birth Date (month, day, year)								
State of Residence										

Relationship to Previous Beneficiary (required if replacing the current Beneficiary.)

4 Duplicate Statement Request

The duplicate statement recipient is anyone you want to receive copies of your Account statements, such as a financial advisor or relative. This person is **not** authorized to access or make any changes to your Account.

Check one: Delete Current Recipient	
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Update Current Recipient Information

Add First-time or Replacement Recipient

Name (First, Middle, Last, Suffix)				
Address (line 1)				
Address (line 2)				
City			State	Zip or Postal Code

5 Investment Options

Refer to the Program Description for detailed information on each Investment Option.

Allocation of Current Assets: Use the Current Assets column to change Investment Options for funds currently in your Account. Changes made in this column apply only to current funds; *future* Contributions will continue to be allocated in the manner that you indicated previously unless you also enter information in the corresponding Future Contributions column.

Allocation of Future Contributions: Use the *Future* Contributions column to change Investment Options for future Contributions, including automatic Contributions. Allocation of future Contributions may be changed at any time.

Use only whole numbers, not fractions, for your Contribution percentages. Your total investment must equal 100%.

Investment Options

You have multiple choices for your Investment Options. You may choose <u>one</u> of the age-based options and/or one or more of the individual options. Use only whole numbers, not fractions, for your Contribution percentages. Your total investment must equal 100%.

Vanguard Age-Based Options

The Program will automatically place assets into the appropriate age range and migrate them based on Beneficiary's birth date.

	Allocations of Current Assets	Allocations of Future Contributions
Select only one age-based track:		
Aggressive Track	<u> </u>	<u> </u>
Moderate Track	<u> </u>	<u> </u>
Conservative Track	<u> </u>	<u> </u>

Individual Options	Allocations of Current Assets	Allocations of Future Contributions
Federally-Insured Deposit Account (Provided by State Employees' Credit Union)	<u> </u>	<u>%</u>
Vanguard Aggressive Growth Portfolio	<u>%</u>	<u>%</u>
Vanguard Growth Portfolio	%	<u>%</u>
Vanguard Moderate Growth Portfolio	%	<u>%</u>
Vanguard Conservative Growth Portfolio	<u>%</u>	<u>%</u>
Vanguard Income Portfolio	%	<u>%</u>
*Vanguard Interest Accumulation Portfolio	<u>%</u>	<u>%</u>
Vanguard Total Stock Market Index Portfolio	%	<u>%</u>
Vanguard Total International Stock Index Portfolio	%	<u>%</u>
Vanguard Total Bond Market Index Portfolio	<u>%</u>	%
*This Portfolio has certain limitations restricting direct transfers out to the first Investment Option listed above. See the " <i>Equity Wash Rule</i> " in the <i>Program</i> <i>Description</i> under "INVESTMENT OPTIONS – VANGUARD AGE-BASED AND INDIVIDUAL INVESTMENT OPTIONS – Vanguard Interest Accumulation Portfolio."	1 0 0 %	1 0 0 %

6 Contribution Methods

A. Automatic Draft (Payroll deduction change instructions in 6C.)

Complete this section to stop, start, or change your instructions for regular electronic Contributions from your financial institution account to your 529 Account. It may take up to 5 days to set up an automatic draft with your financial institution. The Investment Options to which your Contributions are allocated will remain the same as your allocations on file unless you requested changes in **Section 5** of this form.

Check one: Stop current automatic Contributions. (Your request will be processed immediately; however, it may take one draft cycle to go into effect.)

Start new regular automatic Contributions. (Also complete 6B.)

Change current instructions for automatic Contributions. (Also complete 6B.)

Note: If a Contribution is not honored by your financial institution, you will be assessed a transaction fee.

Amount (\$25 minimum)

Frequency

Check one and include the day(s) on which you want funds debited.

Note: If you are starting or changing Automatic Draft, your account will be debited on the 20th of each month, unless you select a different schedule below. If a debit date is scheduled for a weekend or holiday, the debit will occur on the next business day.

You must select a debit date that falls within the first 28 days of the month.

□ Once a month on the □ □ day of the month.

Twice a month on the and days of the month.

B. Financial Institution Information

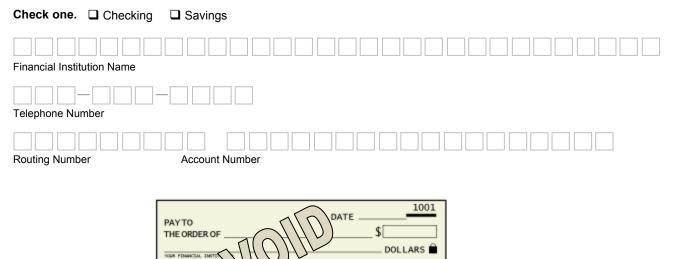
Complete this section to add or replace the account information for Automatic Draft.

If replacing, enter below the last 4 digits of the account you wish to replace.

4 digits

Note: Automatic Draft is available only from a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network.

Account Type



1001

Check Number (do not enter)

Note: This check image is an example of a format many financial institutions use; however, you should confirm your routing and account number for electronic drafts with your financial institution before submitting this information.

0123456789012

Account Number

C. Payroll Deduction

To change payroll deduction instructions, complete a new *Payroll Deduction Authorization Agreement* (Form C426). The Investment Options to which future payroll deduction Contributions are allocated will remain the same as your allocations on file unless you requested changes in **Section 5** of this form.

Authorization – You Must Sign Below

FOR

123456789

Routing Number

I understand that by signing this *Enrollment and Participation Agreement Supplement* and submitting it to College Foundation, Inc., the Program Administrator, I hereby certify that all of the information contained in this Enrollment Supplement is true, complete and correct, and I authorize College Foundation, Inc. to change Account information based upon this completed Enrollment Supplement. I understand that the terms and conditions of the Enrollment Agreement continue in full force and effect.

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Date (month, day, year)

Signature of Participant