

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, 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

3 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, Suffix)

Check type and enter the number.

SSN

If changing the current Beneficiary's SSN or TIN, attach a copy of the Beneficiary's identification card

TIN

Social Security or Taxpayer Identification Number

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
 - 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 one 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.

Select only one age-based track:

Aggressive Track

Moderate Track

Conservative Track

**Allocations of
Current Assets**

**Allocations of
Future Contributions**

%

%

%

%

%

%

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

Check one. Checking Savings

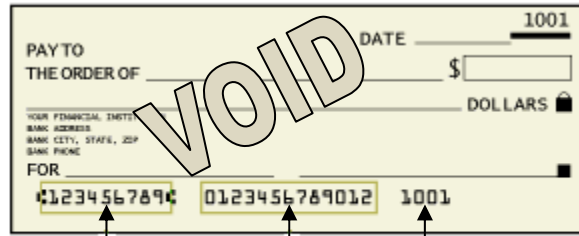
Financial Institution Name

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Telephone Number

Routing Number

Account Number



Routing Number

Account Number

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.

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.

7 Authorization – You Must Sign Below

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.

Signature of Participant

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Date (month, day, year)