

FUTUREScholar

529 College Savings Plan™

Designated Beneficiary Change

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 888.244.5674, Monday through Friday, 8:00 a.m. to 8:00 p.m., Eastern Time.

Your completed form and all applicable documentation should be sent to the following address:

Regular mail:

Future Scholar 529 College Savings Plan
P.O. Box 8036
Boston, MA 02266-8036

Overnight mail:

Future Scholar 529 College Savings Plan
30 Dan Road
Canton, MA 02021

I. Current Account information

A. Future Scholar 529 College Savings Plan Account number

B. Account Owner information

If not an individual, indicate the type of entity (e.g., a trust) and insert the entity's legal name.

Mr. Mrs. Ms. Other

_____ Social Security number or other taxpayer identification number

_____ First name (or entity name)

_____ Middle initial

_____ Last name

_____ Street address

_____ City/State

_____ ZIP code

() _____

Daytime telephone number

() _____

Evening telephone number

_____ Date of birth (MM/DD/YY)

C. Current Designated Beneficiary information

Mr. Mrs. Ms. Other

_____ Social Security number or other taxpayer identification number

_____ Date of birth (MM/DD/YY)

_____ First name

_____ Middle initial

_____ Last name

_____ Street address

_____ City/State

_____ ZIP code

Investments in Future Scholar 529 College Savings Plan:

• Are Not FDIC Insured • May Lose Value • Are Not Bank or State Guaranteed

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II. To designate new beneficiary, provide the following information

The new Designated Beneficiary must be a Member of the Family of the current Designated Beneficiary. A Member of the Family as defined in the Future Scholar 529 College Savings Plan Program Description is: (i) a son or daughter of the Designated Beneficiary, or a descendant of either; (ii) a stepson or stepdaughter of the Designated Beneficiary; (iii) a brother, sister, stepbrother or stepsister of the Designated Beneficiary; (iv) the father or mother of the Designated Beneficiary, or an ancestor of either; (v) a stepfather or stepmother of the Designated Beneficiary; (vi) a son or daughter of a brother or sister of the Designated Beneficiary; (vii) a brother or sister of the father or mother of the Designated Beneficiary; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law of the Designated Beneficiary; (ix) the spouse of the Designated Beneficiary or the spouse of any of the foregoing individuals; or (x) first cousin of any of the foregoing individuals. For this purpose, a child of an individual includes a legally adopted child, and a brother or sister includes a brother or sister by half-blood.

Mr. Mrs. Ms. Other

Social Security number or other taxpayer identification number

First name Middle initial Last name

Street address City/State ZIP code

Male Female

Date of birth (MM/DD/YY)

New beneficiary's relationship to current beneficiary

Number of years until first expected withdrawal: _____ years

III. Portfolio Choices

Portfolio Choices are described in detail in the Program Description. You may choose to re-allocate your initial contribution among the Portfolios. All contributions will be invested in these Portfolios according to the choices you select unless you change your allocations. You are permitted to transfer existing balances between Portfolios one time per calendar year and upon a change in the Designated Beneficiary of the Account. See the Program Description for details.

Please check one: Reallocate existing portfolios

Sales charge option* (see Program Description): A B** C

- A.** **Automatic Allocation Choice** — An initial Allocation Portfolio will be selected based on the date of birth of the Designated Beneficiary (provided in Section I) or the number of years until first expected withdrawal, 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. Portfolios are listed in the table below; see the Program Description for more complete details.

Allocation based on: Age of Designated Beneficiary Number of years until first expected withdrawal

Age of Designated Beneficiary	Number of Years Until First Expected Withdrawal	Portfolio Name
0–5 years	13 or more	Aggressive Growth Portfolio
6–8 years	10–12	Growth Portfolio
9–11 years	7–9	Balanced Growth Portfolio
12–15 years	3–6	Balanced Portfolio
16–17 years	1–2	Income & Growth Portfolio
18 years or older	Attendance has begun	Income Portfolio

III. Portfolio Choices (continued)

B. **Portfolio Selection Choice** — You may select one or more Portfolios by indicating allocation percentages in the table below. Your allocations must collectively equal 100%. If your Portfolio choices total is less than 100%, unallocated amounts will be automatically allocated to the Stable Capital Portfolio. If your Portfolio choices total more than 100%, the contribution will be returned to you. Changes to these allocations are made only at the direction of the account owner, and such changes may be made once per calendar year and upon a change in the designated beneficiary of the account.

Portfolio Name	Amount of Contribution to be Allocated (in %)
Allocation Portfolios	
• Aggressive Growth Portfolio	_____ %
• Growth Portfolio	_____ %
• Balanced Growth Portfolio	_____ %
• Balanced Portfolio	_____ %
• Income & Growth Portfolio	_____ %
• Income Portfolio	_____ %
Single-Fund Portfolios	
• Convertible Securities Portfolio	_____ %
• LargeCap Value Portfolio	_____ %
• MidCap Value Portfolio	_____ %
• Growth Equities Portfolio	_____ %
• LargeCap Core Portfolio	_____ %
• Focused Equities Portfolio	_____ %
• MidCap Growth Portfolio	_____ %
• SmallCap Value Portfolio	_____ %
• SmallCap Growth Portfolio	_____ %
• Multi-Advisor International Equity Portfolio	_____ %
• International Opportunities Portfolio	_____ %
• Federal Securities Portfolio	_____ %
• Total Return Bond Portfolio	_____ %
• High Income Portfolio	_____ %
• 21st. Century Portfolio	_____ %
• Ac. Portfolio	_____ %
• Ac. Select Portfolio	_____ %
• Ac. USA Portfolio	_____ %
• Stable Capital Portfolio	_____ %
Must total 100%	

For information on Pricing Alternatives, please refer to the Program Description.

* If no Pricing Alternative is designated, Pricing Alternative A will be selected. This includes an initial Sales Charge.

** Pricing Alternative B is generally not suitable unless withdrawals are expected more than 6 years from the date of investment. Account Owners should consult with their broker-dealers to determine whether Pricing Alternative B is appropriate for their particular circumstances.

IV. 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.

Signature of current Account Owner

(If the Account Owner is a legal entity, the title of the individual for the entity should be indicated)

Date

Signature of parent, guardian or custodian if Account is funded by UGMA/UTMA assets and Designated Beneficiary is a minor

Date

