Print Reset

Columbia 529 Plan

Please return your completed form to:

Columbia 529 Plan
PO Box 8472
Boston, MA 02266-8472

Account Services Form

Please write in all capital letters, using blue or black ballpoint pen, and be sure to fill out the form completely. Incomplete forms cannot be processed.

Use this form to update mailing addresses and phone numbers, add or change successor account owner information, establish automatic electronic contributions for existing accounts, add or change your bank account information, request information on enrolling in Upromise® Rewards, or consent to householding of Columbia 529 Plan documents. You must complete sections 1 and 10, then only complete sections requiring updates. Leave sections not requiring changes blank. Changes made based on information provided in this form are subject to the terms of the Program Description and Participation Agreement. Contact a Columbia 529 Plan service representative toll-free at 877.994.2529 if you have questions.

1. Account owner and beneficiary information

Name of account owner or trustee (first) (m.i.) (last)

Account number

Social Security number of account owner or taxpayer ID number of trust

Name of beneficiary (first) (m.i.) (last)

Social Security number of beneficiary

2. Change of address

Please note that these changes will be applied to all accounts in the names of the account owner and beneficiary in Section 1.

New mailing address of account owner or trustee

Street number

Street name

City

State

Zip Code

New e-mail address

New daytime phone - -

New evening phone - -

New residential address of account owner or trustee (must provide if different from above; no PO boxes)

Street number

Street name

City

State

Zip Code

New residential address of beneficiary, if different from address already on record (no PO boxes)

Street number

Street name

City

State

Zip Code

3. Add or change successor account owner information

You must provide all the information requested below to designate or change a successor account owner. Please note that these changes will be applied to all accounts in the names of the account owner and beneficiary in Section 1.

Name (first) (m.i.) (last)

Social Security number of successor account owner

Is successor account owner a U.S. citizen or resident alien?
☐ Yes ☐ No If resident alien, country of origin?

Date of birth (month/day/year) / /

Residential address (no PO boxes)

Note: Successor account owner must be a U.S. citizen or legal U.S. resident.

Street number Street name

City State Zip Code

4. Automatic electronic subsequent contributions

A. Automatic Investment Plan (AIP)

You can choose to have contributions to your Columbia 529 Plan account automatically withdrawn from your bank account. Be sure to read the important disclosure information included in this section.

If you would like to automatically invest in more than five portfolios, please list the additional portfolio-account numbers and investment amounts on a separate sheet of paper.

Invest in portfolio – account number	Amount to be invested
–	$
–	$
–	$
–	$
–	$

Frequency of Automatic Investment Plan

Investments will be made ☐ monthly ($50 minimum) ☐ quarterly ($150 minimum) beginning on the day of the month

If you change the frequency of your contribution on one account, the same change will be applied to all of your Columbia 529 Plan accounts receiving automatic electronic contribution for the same beneficiary.

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.

B. Electronic funds transfer (EFT) ($50 minimum)

☐ Check this box if you want to be able to make investments via EFT. Make investments in your account at any time by calling toll-free 877.994.2529. You will receive the closing price on the day we receive your money, usually two business days after you make the request. If you have signed up for the automatic investment plan in section A, you are automatically eligible for EFT.

If you elected section A or B, please read the following:

I authorize the Columbia 529 Plan or any service provider to the Plan to periodically withdraw money from my bank account via EFT (electronic funds transfer) for investment into my Columbia 529 Plan account.

The Columbia 529 Plan, any service provider to the Plan and my bank are not liable for any loss resulting from delays or dishonored draws.

Important:

If you select either the AIP or EFT option, you must complete section 5 and tape a blank check marked "VOID" at the end of that section if you are using a checking account.

5. Add or change bank account information

Complete this section to change information related to your bank account, or if you selected the Automatic Investment Plan or Electronic Funds Transfer option in Section 4. **Please note: If you are changing your bank account information and you have an AIP, the AIP will continue, using the new bank account information after the change is processed. If you have an AIP but want to add additional Automatic Investment Plans, you must complete both Section 4A and Section 5.** A change in bank account information takes time to process. Refer to the Program Description or call a Columbia 529 Plan representative at 877.994.2529 if you have questions. Please tape a voided check below if you are using a checking account. Your bank must be a member of the Automated Clearing House System to use AIP and/or EFT.

Bank account number **Do not use spaces or dashes**

Bank routing number (your bank can provide this)

Account type:

☐ **Checking** ☐ **Savings**

Name of bank

Bank street address

City

State

Zip code

Bank phone number

— —

Name of bank account owner (first) (m.i.) (last)

Name of joint bank account owner, if applicable (first) (m.i.) (last)

Indicate the Columbia 529 Plan account(s) affected by this update:

☐ Apply bank account change to all of the Columbia 529 Plan accounts set up for the account owner.

☐ Apply only to the Columbia 529 Plan accounts indicated in the section to the right (refer to your latest statement for portfolio and account numbers):

Signature of bank account owner

Signature of joint bank account owner, if applicable

Portfolio number — Account number

Portfolio number — Account number

Portfolio number — Account number

Portfolio number — Account number

Attach a separate sheet for additional accounts

Please tape a blank check marked "void" here if you are updating your bank account information or signing up for an AIP or EFT.

6. Information on enrolling in Upromise Rewards

Upromise Rewards is a separate service offered by Upromise, Inc., which enables you to earn free money for college when you shop with Upromise contributing companies, including many of America's most trusted brands. There is no fee for this optional service, but an e-mail address is required for participation.

upromise®
SAVE FOR COLLEGE

☐ Yes, I would like to apply for membership in Upromise Rewards. I understand that I must read and agree to the terms and conditions of the Upromise Membership Agreement online in order to complete enrollment in the service. Please e-mail me so that I can begin membership in the service and have my Upromise contributions periodically transferred to my Columbia 529 Plan account. (Please be sure to provide an e-mail address in Section 2.)

☐ I am already a Upromise Rewards member. Please e-mail information on how to apply to link my Upromise account to my Columbia 529 Plan so that I may have my Upromise contributions periodically transferred to a Columbia 529 Plan account. (Please be sure to provide an e-mail address in section 2.)

Note: Once you have become a Upromise Rewards member, log in at www.columbia529.com and click on the Upromise link if you would like to divide your Upromise contributions among more than one Columbia 529 Plan or if you would like to change the allocation of your Upromise contributions.

7. Document delivery

Consent to householding of certain Columbia 529 Plan documents

In order to reduce the amount of duplicative mail that is sent to homes with more than one participant in the Columbia 529 Plan and to reduce expenses to the Plan, unless you check the box to the right, you agree that only one copy of the Program Description, supplements thereto and certain other materials will be mailed to each household address as and when required. This process, known as "householding," will not apply to account statements, confirmations or tax information. If you wish to discontinue householding at any time, please call 877.994.2529.

☐ Check here only if you do **not** wish to participate in householding.

8. Rights of accumulation (ROA)

To help us monitor your eligibility for a sales charge reduction through ROA (see Program Description for more information), please provide the Social Security number of your spouse.

Social Security number of account owner's spouse

If you or your spouse have a transferred UTMA/UGMA registration, you must also provide the Social Security number of the beneficiary on that account.

Social Security number of beneficiary

9. Duplicate statements

Complete this section if you would like another party to receive a duplicate copy of your statements.

Name of recipient (first) (m.i.) (last)

Mailing address of recipient

Street number

Street name

City

State

Zip code

10. Signature

Signature of account owner

Date / /

The Columbia 529 Plan is administered by the Board of Trustees of the College Savings Plans of Nevada, which is chaired by Nevada State Treasurer Kathleen Marshall. Program management services are provided by Upromise Investments, Inc. (Member NASD/SIPC). The distributor is Columbia Management Distributors, Inc. An investment in the Columbia 529 Plan is not endorsed, insured or guaranteed by the state of Nevada or any other federal or state entity. Upromise is a registered trademark of Upromise, Inc.

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