



Make managing your 529 account easier by taking advantage of our optional features. Read on to learn about the options available to you as a Future Scholar investor.

Electronic Bank Transfer (EBT) Contributions

- Allows the flexibility to transfer funds from your bank account to your Future Scholar savings plan at your own convenience
- Requests can be made at any time online or by phone
- To sign up, see banking instructions in section 8

Automatic Contribution Plan

- Funds automatically contributed to your plan on a monthly or quarterly basis
- No set-up fees or charges
- To enroll, specify contribution details and provide bank information in section 8

Withdrawals online or by phone

- Receive withdrawals by check by speaking to a representative or selecting the sell/withdrawal option online
- Withdrawals placed before 4 p.m. Eastern will be processed at the close of business that day
- Minimum withdrawal amount is \$50 and maximum is \$50,000

Manage your account at your own convenience

Online – www.futurescholar.com

Access your account 24 hours a day, seven days a week, with our secure online options

- Update contact information
- View current and historic balances
- Complete purchase transactions
- Request withdrawals by check to account owner address of record
- Access literature and forms, tools and calculators, pricing and performance, and view other helpful information about Future Scholar's Advisor Plan.

By Phone – 888.244.5674

Call to speak with a representative Monday - Friday, 8 a.m. to 8 p.m. Eastern

- Check balances and prices*
- Request EBT purchases*
- Process redemptions and exchanges
- Change or cancel your automatic contribution plan

*Available on our 24-hour automated line

Keep us informed. Let us know if you move, update your phone number, or change other contact information. This will ensure that you remain informed about your account in the most timely manner.

Please do not return this page with application. Detach and save for future reference.
Be sure you have read the official statement carefully before opening an account.

NOT FDIC INSURED	May Lose Value
NOT BANK ISSUED	No Bank, State or Federal Guarantee

Required Information — Application Checklist

Now that you've made the decision to invest, we want to make it as simple as possible for you to open an account. Please use this checklist as a guide to make the enrollment process as quick and easy as possible.

Personal Information for Account Owner and Beneficiary* — Sections 1-3

(Successor Account Owner information optional)

- Name
- Valid residential address
- Social Security number
- Date of Birth

Initial Contribution Method — Section 5

(choose from three options)

- Check or money order (payable to Future Scholar 529 College Savings Plan)
- Indirect rollover (document of contributions and earnings and check for total amount)
- Direct transfer/rollover (transfer from your current plan provider — form available online or ordered by phone)

Investment Information — Sections 6-7

(refer to Program Description for additional details)

- Choose an appropriate share class — A, B or C
- Choose an investment allocation — Automatic Allocation or Customized Portfolio
- Investments must total 100% of the initial contribution amount

Bank Account Information — Section 8

(optional — for electronic contributions)

- Bank information (address/phone number and account number/routing number)
- Signature of bank account owner(s)
- Voided check (can also use initial contribution check)
- Contribution amount and schedule — for automatic contribution plan option

Signature and Date — Section 10

Financial Advisor Information — Section 11

(ensure your financial advisor has reviewed application and completed required information)

* This application allows the account owner to establish separate accounts for two beneficiaries.

NOT FDIC INSURED	May Lose Value
NOT BANK ISSUED	No Bank, State or Federal Guarantee

Return all completed forms and applications to Future Scholar by using the provided business reply envelope or by regular/overnight mail using the following.

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

Incomplete applications cannot be processed. For questions regarding this application, please call 1-888-244-5674.

Please indicate account type:

- Individual**
- Uniform gift/transfer to minors**
This option should be selected only if you are submitting proceeds from a UGMA/UTMA account.
- 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.
- State Agency, Government Agency or a 501(c)(3) organization**
Documentary Evidence is required. Designated Beneficiary is not required at the time the account is opened.

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 must provide your name, address, date of birth and other information from you, 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.

1. Account Owner information (person who will control the account)

Name of Account Owner, trustee, agency or 501(c)(3) (first) (m.i.) (last)

If account will be owned by a trust/agency, name of trust/agency Date of trust (month/day/year)

Social Security number of Account Owner or taxpayer ID number of trust or agency Citizenship (if other than US citizen please indicate country of citizenship) Date of birth of Account Owner or trustee (month/day/year)

Note: You must be a US citizen or legal US resident to be eligible to open a **Future Scholar 529 College Savings Plan** account.

Mailing address of Account Owner or trustee

Street number Street name

City State Zip

Daytime phone Evening phone

Residential address of Account Owner or trustee (must be provided if different from above; no PO boxes)

Street number Street name

City State Zip

***You must have US mailing and residential address to be eligible to open a Future Scholar 529 College Savings Plan account.**

2. Designated Beneficiary information (Person whose educational expenses the account will be used to fund)

This application is designed to allow the account owner to open accounts for two different designated beneficiaries at the same time. If two accounts are being established, please ensure the appropriate sections throughout the application are completed for each designated beneficiary.

Designated Beneficiary #1

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

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Social Security number of designated beneficiary or taxpayer ID number of trust or agency Citizenship (if other than US citizen please indicate country of citizenship) Date of birth of designated beneficiary or trustee (month/day/year)

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Note: Beneficiary must be a US citizen or legal US resident to be eligible to open a **Future Scholar 529 College Savings Plan** account.

Residential address (if different from Account Owner's residential address; no PO boxes)

Street number Street name

City State Zip

Designated Beneficiary #2

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

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Social Security number of designated beneficiary or taxpayer ID number of trust or agency Citizenship (if other than US citizen please indicate country of citizenship) Date of birth of designated beneficiary or trustee (month/day/year)

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Note: Beneficiary must be a US citizen or legal US resident to be eligible to open a **Future Scholar 529 College Savings Plan** account.

Residential address (if different from Account Owner's residential address; no PO boxes)

Street number Street name

City State Zip

3. Successor Account Owner information (in the event of death of the Account Owner)

Complete this section if you wish to designate a successor Account Owner to become the owner of your account automatically upon your death. Upon your death, 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 designate a successor Account Owner at a later date, or to change or revoke this successor Account Owner designation, call 1-888-244-5674 or visit www.futurescholar.com for a Change of Successor Account Owner form.

This section is OPTIONAL; however, ALL of the information below must be completed in order to designate a successor Account Owner.

Designated Beneficiary #1

Name of successor Account Owner or trustee (first) (m.i.) (last)

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If the successor Account Owner will be a trust, name of trust Date of trust (month/day/year)

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Social Security number of successor Account Owner or taxpayer ID number of trust or agency Citizenship (if other than US citizen please indicate country of citizenship) Date of birth of successor Account Owner or trustee (month/day/year)

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Note: successor Account Owner must be a US citizen or legal US resident.

Designated Beneficiary #2 same as Designated Beneficiary #1

Name of successor Account Owner or trustee (first) (m.i.) (last)

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If the successor Account Owner will be a trust, name of trust Date of trust (month/day/year)

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Social Security number of successor Account Owner or taxpayer ID number of trust or agency Citizenship (if other than US citizen please indicate country of citizenship) Date of birth of successor Account Owner or trustee (month/day/year)

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Note: successor Account Owner must be a US citizen or legal US resident.

4. Ways to reduce your sales charge

Rights of Accumulation (ROA)

If you or an immediate family member, as defined in the Program Description, is listed on another **Future Scholar 529 College Savings Plan** account as an Account Owner, you may be eligible for breakpoint discount charges on class A shares. The combined value of your accounts must be \$50,000 or more to qualify. List any eligible accounts you would like linked so that this and future purchases count toward ROA.

Name of Account Owner

Account number

Social Security number or taxpayer ID number

Name of Account Owner

Account number

Social Security number or taxpayer ID number

Letter of Intent (class A shares only)

If you agree to invest at least \$50,000 within 13 months, you will pay a lower sales charge on every dollar you invest. Refer to the Program Description for complete details. You will pay the sales charge if you do not complete this Letter of Intent.

I agree to invest _____ over a 13-month period beginning _____ Date (month/day/year).

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

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

SC Taxpayers, please note: If you contribute to your Future Scholar account between January 1 and April 15, you may advise the Program Manager whether your contribution(s) should be applied to the current tax year **or** the prior tax year. All Contributions received after April 15 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 College Savings Plan.

Designated Beneficiary #1

\$

Designated Beneficiary #2

\$

B. Indirect Rollover from a Coverdell ESA, another 529 Plan 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 above. If no documentation is provided, the entire amount will be invested as earnings. If your initial contribution is from the distribution of an ESA or 529 Plan, 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.

If this rollover is from another Future Scholar account or the South Carolina Tuition Prepayment Program (SCTPP). This option is considered your once-per-year annual reallocation 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.

Designated Beneficiary #1
Contributions

\$

Designated Beneficiary #2
Contributions

\$

Earnings/Interest

\$

Earnings/Interest

\$

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 Plan 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).

If this rollover is from another Future Scholar account or the South Carolina Tuition Prepayment Program (SCTPP). This option is considered your once-per-year annual reallocation 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.

Designated Beneficiary #1

\$

Designated Beneficiary #2

\$

6. Pricing Alternatives* (must choose one share class per Beneficiary)

Designated Beneficiary #1

A B** C

Designated Beneficiary #2

A B** C

7. Investment allocation

Portfolio Choices are described in detail in the Program Description. You may choose to allocate your initial contributions among the Portfolios. You are permitted to transfer existing balances between Portfolios two times per calendar year and upon a change in the Designated Beneficiary of the Account. See the Program Description for details.

1. **Automatic Allocation Choice** – An initial Allocation Portfolio will be selected based on the date of birth of the Designated Beneficiary (provided in Section 2) 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. See the Program Description for more complete details.

Designated Beneficiary #1	Designated Beneficiary #2
Automatic Allocation Choice to be based on: <input type="checkbox"/> Age of Designated Beneficiary (provided in Section 2) or <input type="checkbox"/> Years to Withdrawal: _____	Automatic Allocation Choice to be based on: <input type="checkbox"/> Age of Designated Beneficiary (provided in Section 2) or <input type="checkbox"/> Years to Withdrawal: _____

2. **Customized 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 allocations total less than 100%, unallocated amounts will be automatically allocated to the Stable Capital Portfolio. If your Portfolio allocations total more than 100%, the contribution will be returned to you.

Portfolio Names	Designated Beneficiary #1	Designated Beneficiary #2
	Percentage of Contribution to be Allocated	Percentage of Contribution to be Allocated
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	%	%
• Acorn Portfolio	%	%
• Acorn Select Portfolio	%	%
• Acorn USA Portfolio	%	%
• Stable Capital Portfolio	%	%
	Must total 100%	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.

8. Electronic subsequent contributions

This information must be completed if you would like to select the Automatic Contribution Plan or make a future Electronic Bank Transfer (EBT). Your signature authorizes the Plan to debit your bank account and to deposit such funds into your **Future Scholar 529 College Savings Plan** account and authorizes the financial institution holding your bank account to debit without responsibility for the accuracy of the transaction. Neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

Bank account information. Please use bank information on the initial contribution check.

Account type: checking savings

Bank account number (Do not use spaces or dashes)

Bank routing number

Name of bank account owner

Name of joint owner, if applicable

Name of bank

Bank phone number

Bank street address

City

State

Zip

Signatures

Signature of bank account owner

A. Automatic Contribution Plan

I choose to have contributions to my **Future Scholar 529 College Savings Plan** account automatically withdrawn from my bank account. I understand my automatic contribution plan will be established based on the Investment Allocation choices made in Section 7 unless otherwise indicated below.

No, I would like my automatic contribution plan established in the portfolio(s) listed below:

Designated Beneficiary #1

Portfolio Name

\$ amount

Portfolio Name

\$ amount

Designated Beneficiary #2

Portfolio Name

\$ amount

Portfolio Name

\$ amount

Frequency:

Designated Beneficiary #1

Contributions will be made monthly (\$50 minimum) quarterly (\$150 minimum)

beginning on month day. \$ amount

Designated Beneficiary #2

Contributions will be made monthly (\$50 minimum) quarterly (\$150 minimum)

beginning on month day. \$ amount

*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 with the frequency specified.

8. Electronic subsequent contributions (cont'd)

B. Electronic Bank Transfer (\$50 minimum)

By providing your bank account information in this section, you authorize the **Future Scholar 529 College Savings Plan** to process requests to have assets transferred from your specified bank account to your **Future Scholar 529 College Savings Plan** account via EBT. Requests can be made at any time by calling 1- 888-244-5674 or by visiting www.futurescholar.com. EBT contributions are usually received within two business days after the date of the request. EBT contributions received by the Plan before 4 PM (Eastern Time) on a business day will receive that day's closing price; contributions received after 4 PM (Eastern Time) will receive the next business day's closing price.

No, I do not want this service.

Please include a blank check marked "VOID" with this application if you want to use the AIP and/or EBT options.

Your bank must be a member of the Automated Clearing House System to use these services.

Please use the bank information on the initial contribution check.

Please tape check
marked "VOID" here.

9. Add to your savings with Upromise®

Join Upromise® and you can earn money for college when you shop with hundreds of America's leading companies - just for doing things you do every day: buying groceries, filling the gas tank, shopping online, booking travel, eating out, you name it. Millions of families are earning money for college with Upromise right now. You can, too. Plus you can have your Upromise savings automatically transferred into your Future Scholar account quarterly as long as you have \$25 or more in your Upromise account.



- I'm already a Upromise member. Once my Account Application has been accepted and the account is funded, I can link my Future Scholar account by logging into my Upromise account and update the allocation of my Upromise contributions.
- Start saving today by visiting www.upromise.com/futurescholar on my own to join Upromise for free and begin earning money for college. Once my Account Application has been accepted and the account is funded, I can link my Future Scholar account by logging into my Upromise account and update the allocation of my Upromise contributions.
- OR
- Instead, please contact me through email with information on how to enroll in Upromise for free. I would like to find out more about how I can link a Upromise account to my Future Scholar account. I am providing a valid email address below to receive information within 1 to 2 weeks of the receipt of my account application.

Note: A Upromise contribution can only be transferred to an existing account and can not be used as an initial contribution.

Upromise is an optional service offered by Upromise, Inc. There is no fee for this optional service. Learn more at www.upromise.com/futurescholar.

10. Signature (s)

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 the funds to be placed in the Account(s) are intended to be used solely to pay Qualified Higher 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 the Account(s) is/are not a deposit or insured or guaranteed by the State of South Carolina, the United States, Bank of America, N.A. or any affiliate, 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 S 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.

Signature of current Account Owner (Include title if Account Owner is a legal entity)

Date

11. For investment professional use only (REQUIRED for purchase of A, B and C shares)

Name of Financial advisor's firm

Financial advisor's name (first, m.i., last)

Financial advisor's ID number () Phone number Branch Office ID number

Account number for the client at FA's firm (BIN) (if required) Network Level (if required)

If applicable, Referring representative name RR number RR branch

**Completion of the following area is not required for Future Scholar to process this account application.
This section is provided as a courtesy for firms wishing to collect these signatures.**

Authorized signature: representative

Authorized signature: principal

Please make sure:

- The Account Owner section is complete including date of birth, Tax ID number, residential address and citizenship.
- The Beneficiary section is complete including date of birth, Tax Id number, residential address and citizenship.
- The initial contribution method is chosen. If applicable, checks payable to **Future Scholar 529 College Savings Plan**.
- The investment allocation choice is clearly chosen along with the appropriate pricing alternative.
- The Account Owner has signed and dated the Account Application.
- The dealer information is completed and accurate.
- All required documentary evidence and/or additional forms are complete and included.

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