

Columbia 529 Plan

Please return your completed form to:

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

New Account Application

Please write in all capital letters, using ballpoint pen, and be sure to fill out the application completely.

Incomplete applications cannot be processed. For questions regarding this application, please call 877.994.2529.

Please indicate account type:

Individual

Uniform gift/transfer to minors
This option should be selected only if you are submitting proceeds from the liquidation of an existing UGMA/UTMA account.

Trust
Please complete all information for trust and trustee.

Date of trust (month/day/year)

/ /

Federal law requires us to obtain certain 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 or trustee (first)

(m.i.)

(last)

If account will be owned by a trust, name of trust

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

Are you a U.S. citizen **OR** resident alien? Yes No
If resident alien, indicate country of origin.

Date of birth of account owner or trustee (month/day/year)

 / /

Mailing address of account owner or trustee

Note: You must be a U.S. citizen or legal U.S. resident to be eligible to open a Columbia 529 Plan account.

Street number

Street name

City

State

Zip code

E-mail address

Daytime phone

Evening phone

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

Street number

Street name

City

State

Zip code

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

Name (first)

(m.i.)

(last)

Social Security number of beneficiary or taxpayer ID number of trust

Are you a U.S. citizen **OR** resident alien? Yes No
If resident alien, indicate country of origin.

Date of birth of beneficiary or trustee (month/day/year)

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Note: Beneficiary must be a U.S. citizen or legal U.S. resident to be eligible for a Columbia 529 Plan account.

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2. Beneficiary information (cont'd)

Residential address, if different from residential address above (no PO boxes)

Street number

Street name

City

State

Zip code

3. Successor account owner information (in the event of death of the account owner)

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

Name (first)

(m.i.)

(last)

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

Are you a U.S. citizen **OR** resident alien? Yes No

Date of birth of successor account owner or trustee (month/day/year)

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

Residential address (no PO boxes)

Street number

Street name

City

State

Zip code

Check here if address is the same as that of the account owner.

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

I am making this investment by:

Check payable to the COLUMBIA 529 PLAN.

This check represents:

a contribution to my account

proceeds from the sale of a UGMA/UTMA account

proceeds from the sale of a U.S. Savings bond*

proceeds from the sale of a Qualified Tuition Plan (529)*

proceeds from the sale of a Coverdell ESA*

Rollover/Transfer (Rollover form required)

Rollover from another Qualified Tuition Plan (529)

Transfer from a Coverdell ESA

Reallocation from another Nevada 529 plan (The Uprromise College Fund, USAA College Savings Plan, The Vanguard 529 Plan)

Note: this option is considered your once annual reallocation.

*Documentation showing the breakdown of contributions and earnings (interest) MUST be provided. If no documentation is provided, the entire amount will be invested as earnings.

Total investment

\$

5. Ways to reduce your sales charge

Rights of Accumulation

If you, your spouse or your children are listed on another Columbia 529 Plan account, you may be eligible for a reduced sales charge. The combined value of your accounts must be \$50,000 or more to qualify. List any accounts you would like linked so that this and future purchases are eligible for a reduced sales charge.

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

6. Investment allocation

UNIT CLASS (MUST complete this section by checking only one box)

Class A

Class B
(not available for beneficiaries age 12 and up)

Class C

Class Z
(must attach Class Z eligibility form to your application)

The section below allows you to choose the allocation for your initial contribution to the plan. There are three options, as follows: A. Age-based, B. Asset Allocation and Customized Portfolios and C. Automated Dollar Cost Averaging from the Short Term Bond 529 portfolio. You may choose one option, or you may divide your investment among multiple options. When added together, the amounts listed in Sections A, B and C below should equal the total amount of your initial contribution listed in Section 4. If you are using percentages to divide the proceeds of a rollover from another account among options A, B and C below, the sum of the percentages in each section must be 100%. Subsequent investments into the plan must be accompanied by instructions for their allocation. Please note that you must complete Section C in order to dollar cost average from the Columbia Short Term Bond 529 portfolio. See Program Description for more complete information.

A. Age-based investment option

- You **MUST** check this box for the age-based investment option. With this option, the amount you indicate below will be placed in the portfolio that has been designed for the age of your beneficiary. By checking this box, you authorize the Columbia 529 Plan to allocate your investment as the beneficiary ages.

Total investment in age-based option (minimum \$1,000)

\$ or %

B. Asset allocation investment portfolio(s) and customized portfolio(s)

Fill out this section to allocate your contribution across any of the portfolios available through the asset allocation or customized portfolio option. **If you would like all of your initial contribution to go into the age-based option, do not complete this section.**

Please indicate the dollar amount or percentage of your contribution that you would like to go into each portfolio below. You may choose as few or as many portfolios as you would like, as long as your investment in each is at least \$1,000. Please select from the portfolios listed below. If you would like to invest in more than five portfolios, please list the additional portfolios and investment amounts on a separate sheet of paper.

Invest in portfolio name

Amount to be invested (minimum \$1,000)

\$ or %

Invest in portfolio name

Amount to be invested (minimum \$1,000)

\$ or %

Invest in portfolio name

Amount to be invested (minimum \$1,000)

\$ or %

Invest in portfolio name

Amount to be invested (minimum \$1,000)

\$ or %

Invest in portfolio name

Amount to be invested (minimum \$1,000)

\$ or %

Total investment in asset allocation and customized portfolios

\$ or %

Columbia 529 Plan portfolios

Asset allocation portfolios:

Aggressive Growth 529
Growth 529
Moderate Growth 529
Balanced 529
Conservative 529
College 529

Customized portfolios:

Columbia Large Cap Value 529
Columbia Growth Stock 529
Marsico Focus 529
Marsico Growth 529
Oppenheimer Main Street 529
Columbia Mid Cap Growth 529

Columbia Acorn 529
Columbia Acorn USA 529
Columbia Acorn Select 529
Columbia Mid Cap Value 529
Columbia Small Cap Core 529
Columbia Real Estate Equity 529
Columbia Acorn International 529

Columbia International Stock 529
Oppenheimer Global 529
Columbia Conservative High Yield 529
Columbia Short Term Bond 529
Columbia Intermediate Bond 529
Columbia Money Market 529

6. Investment allocation (cont'd)

C. Dollar cost averaging from the Columbia Short Term Bond 529

Total investment in Dollar Cost Averaging Program:
(\$5,000 minimum)

\$

or %

Complete this section to have your contribution allocated from the Columbia Short Term Bond 529 into other portfolios available in the plan. To take advantage of this option, you must set up your monthly allocations at this time. Allocations must be into the same unit class as your initial investment (for example, Class A units of the Columbia Short Term Bond 529 would be allocated only to Class A units of another portfolio). By completing this section, you authorize the Columbia 529 Plan to allocate the amount you designate from the Columbia Short Term Bond 529 on a monthly basis into your chosen investment option. Allocations continue until no balance remains in your Columbia Short Term Bond 529 account. You have the option to cease or alter your monthly allocations only in the limited circumstances described in the Program Description.

Please allocate the following amount(s) from the Columbia Short Term Bond 529 portfolio each month to the portfolios I have indicated below (\$100 minimum per portfolio):

Allocate to the age-based option:

Invest in portfolio name

Invest in portfolio name

Invest in portfolio name

Invest in portfolio name

Invest in portfolio name

Amount to be invested (minimum \$100)

\$

Amount to be invested (minimum \$100)

\$

Amount to be invested (minimum \$100)

\$

Amount to be invested (minimum \$100)

\$

Amount to be invested (minimum \$100)

\$

Amount to be invested (minimum \$100)

\$

7. Electronic subsequent contributions (dollar cost averaging from your bank account)

Bank account information (required for electronic contributions)

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

Bank routing number (your bank can provide this)

Name of bank account owner

Name of joint owner, if applicable

Account type:

checking

savings

Name of bank

Bank phone number

Bank street address

City

State

Zip code

Signatures

Signature of bank account owner

Signature of joint bank account owner, if applicable

Continued on the next page

7. Electronic subsequent contributions (cont'd)

A. Automatic Investment Plan

You can choose to have contributions to your Columbia 529 Plan account automatically withdrawn from your checking 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 portfolios and investment amounts on a separate sheet of paper.

Frequency

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

beginning on the day of the month.

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.

Invest in portfolio name

Amount to be invested

\$

Invest in portfolio name

Amount to be invested

\$

Invest in portfolio name

Amount to be invested

\$

Invest in portfolio name

Amount to be invested

\$

Invest in portfolio name

Amount to be invested

\$

B. Electronic funds transfer (\$50 minimum)

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 an automatic investment plan in Section A, you are automatically eligible for this service.

On-demand purchases can also be made online. Please visit www.columbia529.com for more information.

For both A and B above please tape blank check marked "VOID" in the space below.

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

Please use bank information on investment check.

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.

8. Enrolling in Upromise Rewards

Upromise 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.



Yes, I would like to apply for membership in Upromise. 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 1.)

I am already a Upromise member. Please e-mail me so I can link my Upromise account to my Columbia 529 Plan so that I will be eligible to have my Upromise contributions periodically transferred to my Columbia 529 Plan account.

Note: Once you have become a Upromise member, log in at www.columbia529.com and click on the Upromise link if you would like to change the allocation of your Upromise contributions.

9. 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 below, 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, call 877.994.2529.

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

10. Signature and taxpayer ID number certification

Each person signing on behalf of an entity represents that his/her actions are authorized and that the information provided and all future information provided with respect to the account is true, complete and correct.

I acknowledge that I:

- have received and read the Program Description and Participation Agreement (the Disclosure Documents), understand the terms of the investment described in the Disclosure Documents, and agree that by signing this application I will be bound by the terms and conditions of the Disclosure Documents, which are incorporated by reference.
- understand that this application is subject to acceptance.
- understand that certain redemptions may be subject to contingent deferred sales charges and applicable taxes (if any).
- agree that the Columbia 529 Plan, Upromise Investments, Inc. and its affiliates, Columbia Management Group, Inc. and its subsidiaries and affiliates and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying on this application or any instruction believed genuine.

I understand that this account is governed by a predispute arbitration clause found in the paragraph entitled "Arbitration" in the Participation Agreement. I acknowledge receiving a copy of the predispute arbitration clause.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I certify, under penalties of perjury, that:

1. the Social Security number or taxpayer ID number I provided is correct.
2. I am not subject to backup withholding because (cross out **A**, **B** or **C** if true):
 - A.** I am exempt from backup withholding or **B.** I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends or **C.** The IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a legal U.S. resident alien).

Signature of account owner

Capacity (if applicable)

Date (month/day/year)

 / /

11. Dealer information (REQUIRED for purchase of A, B and C units.)

Note: Applications with no dealer information that are not accompanied by a Class Z eligibility form will not be processed and will be returned.

NSSC Settlement

If you have a financial advisor, please check with your financial advisor before sending in your account application. Some financial advisors may utilize settlement services provided by the National Securities Clearing Corporation (NSCC) and follow other procedures as may be agreed to by Columbia Management Distributors, Inc. for submitting the account application.

Your financial advisor should complete this section. Check this box if you are an RIA

Financial advisor's firm

Financial advisor's name

Financial advisor's phone number

Financial advisor's ID number

Branch office number

Account number for client at FA's firm (BIN#) if required

Branch office address

City

State

Zip code

Completion of this section is not required by Columbia 529 Plan to process this account application. This section is provided as a courtesy for those firms wishing to collect these signatures.

Authorized signature of financial advisor's firm

Please make sure:

- The Account Owner date of birth, Tax ID number, residential address and citizenship are completed
- The beneficiary date of birth, Tax ID number, residential address and citizenship are completed.
- Mail completed enrollment applications and all other applicable forms to:
Regular US Postal Mail – PO Box 8472 Boston, MA 02266-8472
Overnight Mail – C/O Boston Financial Data Services, 30 Dan Road, Canton MA 02021
- The dealer information including your ID number and branch office ID number are included.

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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. There can be no assurance that assets in a Columbia 529 account will be sufficient to cover expenses at any educational institution.

Columbia Management Distributors, Inc.
One Financial Center, Boston, MA 02111-2621

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