

Account Maintenance Form

| Instructions

Print clearly in all CAPITAL LETTERS using blue or black ink.

When requested, please color in circles completely.

Complete Section 1 (Current Account Information) in all cases, and complete other sections as relevant to the information you are updating.

Use this form to report any new information or updates to your Private College 529 PlanSM account, including

- A change of address
- A change of account owner
- A change of Designated Beneficiary
- A new Expected College Enrollment Date and Designation of Sample Schools for your Beneficiary
- Updates to your Successor Account Owner
- Updates to amount, and frequency of purchases to your account
- A change of bank or bank account information

If you have any questions, please call us at **1.888.718.7878** Monday through Friday from 9:00am to 8:00pm ET

Please mail the completed form to the following address:

Private College 529 Plan
P.O. Box 5268
Denver, CO 80217

or fax to **1.303.768.6529**

1 | Current Account Information

All information in this section is required.

Account number	Social Security Number or Taxpayer ID Number	
Account Owner's first name	Middle initial	Last name
Account Owner's email address		
Designated Beneficiary's first name	Middle initial	Last name
Beneficiary's Social Security Number or Taxpayer ID Number		

2 | Address Change(s)

Account Owner

Account Owner's first name	Middle initial	Last name
New street address (no P.O. Box)		
City	State	Zip
Daytime phone number	Evening phone number	

2 | Address Change(s) *(continued)*

Designated Beneficiary

Check here if the Beneficiary's address is the same as Account Owner's

_____	_____	_____
First name	Middle initial	Last name

New street address (no P.O. Box)		
_____	_____	_____
City	State	Zip
_____	_____	
Daytime phone number	Evening phone number	

3 | Change Account Owner

Please choose one of the following options:

- Change the Account Owner name due to change of status (*attach a copy of the documentation for the qualifying event*).
- Transfer account to new Account Owner. Please note that a request for this type of change must be accompanied by a Signature Guarantee from the resigning Account Owner on this form (*see Section 12*). A completed Account Application signed by the new Account Owner or a previously established account number must be submitted for the change to be complete.

Existing account number

Please enter the **new** Account Owner information below.

_____	_____	_____
First name	Middle initial	Last name

Social Security Number		

4 | Change Designated Beneficiary

Any new Designated Beneficiary must be a "member of the family" of the current Designated Beneficiary, as defined in the Disclosure Statement and Enrollment Agreement. If the new Designated Beneficiary is NOT a "member of the family," you must instead complete a Refund Withdrawal Request Form, as the transaction will be considered a nonqualified withdrawal that is subject to income tax and a 10% additional tax on earnings.

Please choose one of the following options

- Transfer all or a portion of the assets to an existing Private College 529 Plan account**

Please provide account number: _____

- Transfer all or a portion of the assets to a new account for a new Beneficiary**

Transfer amount listed below

\$ _____

4 | Change Designated Beneficiary (continued)

Beneficiary name _____ Middle initial _____ Last name _____ Male Female

Street address (no P.O. Box) _____

City _____ State _____ Zip _____

Social Security Number or Taxpayer ID Number _____

Relationship to Account Owner _____ Date of Birth (mm/dd/yyyy) _____ Expected enrollment year _____

U.S. citizen/resident alien (nonresident aliens are not eligible to participate in the plan)

5 | Change Beneficiary's Expected College Enrollment Date and Designation of Sample Schools

If your Beneficiary's Expected College Enrollment Year (e.g., 2021/2022) and/or Sample Schools are different than what was provided in the Enrollment Form

1. Please provide your Beneficiary's Expected College Enrollment Year (e.g., 2021/2022)

_____ Year _____ Year

If no Expected College Enrollment Year is provided, for illustrative purposes on your account statements we will use the later of: (a) the year in which your Beneficiary will attain age 18, or (b) three (3) years from the date of this purchase.

2. Please designate at least one and up to five Sample Schools to be used for illustrative purposes on your account statements. Please print the name of each Sample School and the U.S. state in which it is located, below. **Sample Schools must be on the list of Participating Institutions. (See the *Schedule of Participating Institutions and Tuition Rates* by visiting our website, privatecollege529.com.)**

A maximum of five sample schools are allowed for illustrative purposes. If you have chosen the maximum number of sample schools, you must remove a school in order to add a new school. For a listing of the schools you chose on the Enrollment Form, please login to your account at privatecollege529.com or call 1.888.718.7878.

Name of School to Add	Name of School to Remove	State
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

6 | Update Successor Account Owner Information

All information in this section is required.

Use this section to replace or add a Successor Account Owner, who must be at least 18 years old. In the event of your death or disability, ownership of all assets in the account will be transferred to the Successor Account Owner. A Successor Account Owner will assume all rights with respect to the account that you, as the account owner, now have. This designation overrides any previous designation(s). Enforceability of a Successor Account Owner designation may vary by state. Check with your estate planning attorney.

_____ First name	_____ Middle initial	_____ Last name	<input type="radio"/> Male <input type="radio"/> Female
_____ Street address (no P.O. Box)			
_____ City	_____ State	_____ Zip	
_____ Date of Birth (mm/dd/yyyy)	_____ Social Security Number or Taxpayer ID Number		
_____ Daytime phone number	_____ Evening phone number		
_____ Email address			

7 | Additional Purchases

Purchases may be made via

- Check:** \$ _____ (\$25 minimum)
Checks should be made payable to "Private College 529 Plan."
- One-Time Electronic Funds Transfer** via Automated Clearing House (ACH) or your bank account.
Please provide bank account information in Section 8.
Amount: \$ _____ (\$25 minimum)
- Automatic Purchase Plan**—Scheduled, recurring purchases from your bank account.
Please provide bank account information in Section 8.
Amount: \$ _____ (\$25 minimum)
Frequency: Monthly Quarterly
Timing: I would like my purchase to occur on the _____ day of the month. Note that your bank account will be debited about three business days before the date you choose. If you do not choose a day, your purchase will occur on the 10th of the month.

8 | Bank Account Information

Bank account information is required to establish an Automatic Investment Plan or an Electronic Funds Transfer from your bank account.

Your bank account will be debited approximately two business days prior to the date(s) you select or the next business day following the weekend or holiday. Please allow 10 days to process debit(s) from your account.

Indicate account type: Checking Savings

I authorize OFI Private Investments Inc. (OFIPI) to debit my bank account for purchases of certificates. I agree that OFIPI is purchasing certificates voluntarily at my request and shall not be liable for any loss arising from any delay in processing or failure to process such purchases. I understand that this service does not constitute an offer to sell units of any portfolio.

8 | Bank Account Information (continued)

You must include a voided bank check (no starter checks) or a preprinted savings slip for a savings account. (Please do not tape or staple it to this application.)

If your 529 account and bank account differ in owners, please fill out the Signature Guarantee in section 12.

If I change banks, I agree to notify OFIPI promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or share balance or because either account has been closed, this service will be cancelled. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by OFIPI or the plan at any time without notice and that all services described herein are subject to the terms of the applicable Disclosure Statement and Enrollment Agreement, which I acknowledge I have received and read. Please print and sign exactly as your name(s) appears on your plan account.

X _____ X _____
Signature(s) of Bank Account Owner(s)

X _____ X _____
Print Name

9 | eDelivery

Select this option to sign up to receive any of the following documents via eDelivery. (You will receive an email shortly to complete your eDelivery service.)¹

- Statements, Confirmations and Plan Documents
- Tax Forms
- Plan News and Updates

Email address

1. eDelivery is available only if your name appears in your account registration. Your eDelivery enrollment applies to all 529 accounts you have now or may open in the future within the same Plan, using the same Social Security Number, financial advisor (if applicable), and Account Owner name. You may revoke the consent of eDelivery and resume receiving paper documents via U.S. mail at any time.

10 | Registered Investment Adviser

You may request that Private College 529 Plan send copies of quarterly statements to your Registered Investment Adviser. Your adviser will not have the ability to place transactions or update account information.

Please indicate your change below:

- Add a Registered Investment Adviser to my existing PC529 account
- Replace the existing Registered Investment Adviser listed on my PC529 account with the NEW Registered Investment Adviser information below:
- Remove the Registered Investment Adviser listed on my account.

Name

Firm name

Street address (no P.O. Box)

City

State

Zip

Phone number

Email address

11 | Account Agreement and Signature

I certify that the information I have provided, and all future information I will provide with respect to my Private College 529 Plan account, is true, complete and correct. I have received, read, and agree to the terms set forth in the Disclosure Statement and Enrollment Agreement.

I understand that if I am changing the Successor Account Owner in Section 6, I certify that it is my intent to revoke the Successor Account Owner and name a new Successor Account Owner. I have read the Disclosure Statement and Enrollment Agreement and understand that instructions provided on this form override any Successor Account Owner instructions included in a will or codicil. I agree to notify my Successor Account Owner of his/her status, and I will indicate that a certified copy of a death certificate or other legally acceptable proof of death identifying the Account Owner by name will be presented to OFI Private Investments.

X _____
Signature of Account Owner Date

12 | Signature Guarantee

A signature guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies or savings associations participate in such programs.

A signature guarantee is required if:

- You are transferring the account to a new Account Owner
- You are adding third party bank information

A medallion stamp is required if:

- Your account balance is over \$100,000

Affix stamp here.

X _____
Signature of guarantor Title Date

Your signature(s) must correspond in every particular, without alteration, with your name(s) as printed on the current account registration.

Acknowledgment of signature by a notary public is NOT acceptable. Please affix signature guarantee stamp with appropriate signature, title of officer and date.

Before you mail, have you

- Entered all required information in Section 1?
- Included a voided, preprinted check as directed in Section 8, if applicable?
- Signed this form?

Private College 529 PlanSM is established and maintained by Tuition Plan Consortium, LLC. OFI Private Investments Inc., a subsidiary of OppenheimerFunds, Inc., is the program manager. Participation in the Plan does not guarantee admission to any college or university, nor does it affect the admissions process. Tuition Certificates are not insured or guaranteed by the FDIC, TPC, any governmental agency or OFI Private Investments Inc. or its affiliates.

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