

2. Options

- Contributions will be unavailable for withdrawal for seven (7) business days.

A. **AIP.** You can transfer money from your bank account to your Achieve Montana Account on a set schedule.

Add this option to my Account. (Provide the information below and in **Section 2C.**)

Change my investment amount and/or debit date. (Provide the new amount and/or debit date below.)

Change my bank account information. (Provide the information in **Section 2C.**)

Stop this option.

Amount of Debit:

\$, .

Frequency (Check one):

Monthly (\$25 minimum)

Quarterly (\$75 minimum)

Semi-Annually (\$150 minimum)

Annually (\$300 minimum)

Start Date:*

— —

Date (mm/dd/yyyy)

* Achieve Montana must receive instructions at least three (3) business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. The start date must fall between the 1st and the 28th of the month. If the date is not specified, this option will begin on the 20th day of the month following the receipt of this request.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase:

\$, .

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of Achieve Montana and will also count toward annual federal gift tax exclusion limits.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

B. **EFT.** Add bank information for future electronic transfers. We will keep your bank instructions on file for future EFT contributions. You can transfer \$25 or more from your bank account to your Achieve Montana Account at any time by calling us or requesting a transfer online. The maximum contribution for a one-time EFT is \$130,000.

Add

Change

Delete

C. **Bank information.** AIP and EFT contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.

Important: Please check this box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type:
(Check One.)

Checking

Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

3. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. I authorize Ascensus College Savings Recordkeeping Services, LLC., upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my account at the bank named in **Section 2C**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the Trust, Achieve Montana, and the Plan Administrators (as defined in the Achieve Montana Program Description) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying Achieve Montana and the bank by telephone or in writing, and that the termination request will be effective as soon as Achieve Montana and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 2C**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)