

Pennsylvania 529 Investment Plan

Automatic Investment Plan/ Electronic Bank Transfer Form



- Complete this form to start, change, or stop an automatic investment from your personal bank account, or to add or change bank account information for periodic contributions by electronic bank transfer. Submit a separate form for each PA 529 Investment Plan account you own.
- You can start, change, or stop your automatic investment plan by accessing your accounts online at **www.PA529.com**.
- To add or change instructions for automatic investment by payroll deduction, use the Payroll Deduction Instruction Form.
- Print clearly, preferably in capital letters and black ink.

Important: Allow three business days from the date we receive this form to establish or change your options. Afterward, each contribution will be credited to your account on the business day before it is debited from your bank account.

Forms can be downloaded from our website at **www.PA529.com**. Or you can call us to order any form at **1-800-440-4000**. Return this form in the enclosed postage-paid envelope, or mail to: **Pennsylvania 529 Investment Plan, P.O. Box 55378, Boston, MA 02205-5378**. For overnight delivery or registered mail, send to: **Pennsylvania 529 Investment Plan, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

1. Account Information

Account Number

Name of Account Owner (first, middle initial, last)

Daytime Telephone Number

Evening Telephone Number

Name of Beneficiary (first, middle initial, last)

REMEMBER TO SIGN IN SECTION 4.



3. Bank Information

- Complete this section only if you are adding the AIP or EBT option to your account or are changing your bank account information.
- **Important:** The AIP and EBT options can be used only with 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 nonbank financial companies cannot be used.

Name of Bank Account Owner (first, middle initial, last)

Bank Name

Bank Routing Number
Savings

Bank Account Number

Account Type:
(Check one.)

Checking

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

You must obtain a signature guarantee for the bank account owner if the bank account owner in this section and the 529 account owner in **Section 1** are not the same. A signature guarantee is not necessary if the bank account is a joint account and the 529 account owner in **Section 1** is one of the owners of the joint account.

Signature—BANK ACCOUNT OWNER MUST SIGN IF DIFFERENT FROM 529 ACCOUNT OWNER

Do not sign below until you are in the presence of the authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a signature guarantee, nor can you guarantee your own signature.

►

Signature of Bank Account Owner

Date (month, day, year)

Signature Guarantee

►

Signature of Guarantor

Title/Name of Institution

Date (month, day, year)

Authorized Officer to Place Stamp Here

4. 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.

If I have added or changed the automatic investment plan or electronic bank transfer option, I authorize the Investment Plan and Upromise Investments, Inc., 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 3**. 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 to my account must comply with provisions of U.S. law. I further agree that the Investment Plan; Upromise Investments, Inc.; The Vanguard Group, Inc.; and their respective affiliates 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 the Investment Plan; Upromise Investments, Inc., and the bank and that the termination request will be effective as soon as the Investment Plan and Upromise Investments, Inc., 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.

► **S I G N A T U R E**

Signature of Account Owner

--

Date (month, day, year)