

Pennsylvania 529 Investment Plan

Automatic Investment Plan/ Electronic Bank Transfer Form



- Complete this form to start, change, or stop an automatic investment plan (AIP) from your personal bank account, or to add or change bank account information for periodic contributions by electronic bank transfer (EBT). Submit a separate form for each PA 529 Investment Plan account you own.
- You can start, change, or stop your AIP 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 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.



* P A A I P E B T *

2. Options *(Complete A, B, or both.)*

Contributions by automatic investment plan or electronic bank transfer will not be available for withdrawal for ten calendar days.

A. Automatic investment plan (AIP). Have a set amount automatically transferred from your bank account to your PA 529 Investment Plan account on a schedule.

Add this option to my account. *(Provide your debit information below and your bank information in **Section 3.**)*

Change my investment amount, debit date, or both. *(Provide the new information below.)*

Change my bank account information. *(Provide the new information in **Section 3.**)*

Discontinue AIP investments.

Amount of Debit *(\$25 minimum):* \$.

Frequency *(Check one.):* Monthly Quarterly

Start Date: - -

Date (month, day, year)

Your bank account will be debited on the 20th of any month, unless you pick a different date. Your bank account will be debited (money will be withdrawn) on the date you select, and your investment will be credited (money will be added) to your PA 529 Investment Plan account on the *previous business day*. **Note:** AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.

B. Electronic bank transfer (EBT). Allows you to make one time or periodic transfers of \$25 or more from your bank account to your PA 529 Investment Plan account by phone or online. To establish or change this service for your account, provide your bank information in **Section 3.**

Add Change Delete

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

Bank Account Number

Account Type:

(Check one.) Checking Savings

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. Please note that the PA 529 Account Owner will have access to the bank account information entered above.

▶

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 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 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, Ascensus College Savings Recordkeeping Services, LLC, 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, Ascensus College Savings Recordkeeping Services, LLC, and the bank, and that the termination request will be effective as soon as the Investment Plan and Ascensus College Savings Recordkeeping Services, LLC, 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)