



Estate Settlement Claim - Beneficiary Directed

Decedent Client ID

001



• Non-standard and limited service option: Accounts created through this service option are restricted to full liquidation and in-kind transfers only. Use this form to perform brokerage and/or certificate death claim transfers to new or existing clients desiring a beneficiary proceed service option. Use form 402542 Estate Settlement Claim Form - Advisor Assisted to transfer to existing brokerage or to claim unrestricted certificate account(s).

Decedent and Claimant Information

Decedent's Information

Decedent Name

Claimant Information - Claimant Type & Product Type

Claimant Type

- Individual
- Entity (Estate, Trust, Organization)
- Education Savings and Minor Owned Accounts

Product Claim Type(s)

- Brokerage and Managed product claim
- Certificate product claim
- Ameriprise Bank product claim



Individual Claimant Information

Is the individual claimant an Ameriprise client? Yes No

Claimant's First Name MI Last Name Claimant's Client ID

SSN/TIN Phone Number DOB (MMDDYYYY)

Residential Address (P.O. Boxes are not allowed)

City State ZIP code

Citizenship U.S. Citizen Resident Alien Non-Resident Alien

Country of citizenship Second country of citizenship

Entity Claimant Information

Is the entity claimant an Ameriprise client? Yes No

Entity Claimant Name

Claimant's Client ID

TIN/EIN of Beneficiary Claimant Phone Number Organization/Trust Date (MMDDYYYY)

Business Address

City State ZIP code

Entity Type

- Revocable Trust LLC - S-Corp Non-Profit
- Irrevocable Trust LLC - C-Corp Estate
- Corporation - S-Corp LLP Government Entity
- Corporation - C-Corp Partnership

Is this an Operating Entity? Yes No

Is the entity domiciled/incorporated in U.S.? Yes No

Foreign country in which the entity is domiciled/incorporated



State in which the entity is domiciled/incorporated

Education Savings and Minor Owned Account Claimant Information

If claiming to the estate of a decedent minor, select the Entity (Estate, Trust, Organization) option as the Claimant Type.

What is the role of the decedent?

Controller

Surviving Minor/Beneficiary Name

Client ID

Is a successor controller replacing the decedent controller? Yes No

Minor/Beneficiary

Surviving Controller Name

Client ID

For the decedent minor/beneficiary, select one of the following claim options:

Transfer assets to a new account for the CESA death beneficiary

Replace the decedent 529 plan beneficiary with a new beneficiary

Claim using a different option



Successor Beneficiary Information

Is the successor beneficiary an Ameriprise client?

- Yes
- No

Successor Beneficiary First Name MI Last Name

Client ID SSN/TIN Phone Number

DOB (MMDDYYYY)

Residential Address (P.O. Boxes are not allowed)

City State ZIP code

Citizenship U.S. Citizen Resident Alien Non-Resident Alien

Country of citizenship Second country of citizenship

Relationship to Acct. Controller

Successor Controller Information

Is the successor controller an Ameriprise client? Yes No

Successor Controller First Name MI Last Name

Client ID SSN/TIN Phone Number

DOB (MMDDYYYY)

Residential Address (P.O. Boxes are not allowed)

City State ZIP code

Citizenship U.S. Citizen Resident Alien Non-Resident Alien

Country of citizenship Second country of citizenship

Relationship to Acct. Beneficiary

Ameriprise Bank Product(s) - Settlement Instructions

How we will settle the Bank Product(s) to the claimant:

The decedent's Ameriprise Bank product(s) will settle in the form of a check to the claimant's address of record.



Transfer From

Account Number

151

Product

Account Registration

Account Number

151

Product

Account Registration



Ameriprise Brokerage and Managed Account(s) - Settlement Instructions

Decedent's Account(s) - Transfer From	
Account Number	133
Product	
Account Registration	
Account Number	133
Product	
Account Registration	
Account Number	133
Product	
Account Registration	
Account Number	133
Product	
Account Registration	
Account Number	133
Product	
Account Registration	



Is Claimant a spouse or non-spouse?

- Spouse
 Non-Spouse

Individual Retirement Accounts (IRAs)

For Non-Spouse Claimants, IRA Assets will transfer to an Ameriprise Financial Services, LLC Inherited IRA

Individual Retirement Accounts (IRAs)

Options for spouse claimants

- Rollover into an Ameriprise Financial Services, LLC IRA
 Transfer into an Ameriprise Financial Services, LLC Inherited IRA

403(b) Tax Sheltered Custodial Accounts (TSCAs)

Options for Non-spouse claimants

- Rollover into an Ameriprise Financial Services, LLC Inherited IRA
 Directly convert to an Ameriprise Financial Services, LLC Inherited ROTH IRA (complete withholding instructions below)

403(b) Tax Sheltered Custodial Accounts (TSCAs)

Options for Spouse claimants

- Rollover into an Ameriprise Financial Services, LLC IRA
 Transfer into an Ameriprise Financial Services, LLC Inherited IRA
 Directly convert to an Ameriprise Financial Services, LLC ROTH IRA (complete withholding instructions below)
 Directly convert to an Ameriprise Financial Services, LLC Inherited ROTH IRA (complete withholding instructions below)
 Rollover into an Ameriprise Financial Services, LLC Inherited 403(b) (If eligible to contribute to a 403(b) plan)

TSCA Withholding

- Do not withhold
 Withhold 10%
 Withhold more than 10%
 Specify withholding

Enter withholding percentage

Custodial Profit Sharing or Money Purchase Pension Plan Accounts

Options for Non-spouse claimants

- Rollover into an Ameriprise Financial Services, LLC Inherited IRA
 Directly convert to an Ameriprise Financial Services, LLC Inherited ROTH IRA (complete withholding instructions below)

Custodial Profit Sharing or Money Purchase Pension Plan Accounts

Options for Spouse claimants

- Rollover into an Ameriprise Financial Services, LLC IRA
 Transfer into an Ameriprise Financial Services, LLC Inherited IRA
 Directly convert to an Ameriprise Financial Services, LLC ROTH IRA (complete withholding instructions below)
 Directly convert to an Ameriprise Financial Services, LLC Inherited ROTH IRA (complete withholding instructions below)
 Rollover into an Ameriprise Financial Services, LLC Inherited 403(b) (If eligible to contribute to a 403(b) plan)

Withholding

- Do not withhold
 Withhold 10%
 Withhold more than 10%
 Specify withholding

Enter withholding percentage



Uniform Gifts/Transfers to Minor Accounts (UGMA/UTMA)

Transfer Options

- Update to Successor Controller provided in the Successor Controller section. If a Successor Controller was not pre-elected the successor must follow the rules of succession allowed by the state the account was registered under
- Transfer all cash and positions in-kind to Non-Qualified account for the owner who has reached the age of custodial termination
- Transfer all cash and positions in-kind to Non-Qualified account for the Estate of the deceased owner

Coverdell ESA (CESA)

Transfer Options

- Update to Successor Responsible Individual provided in the Successor Controller section. If a successor was not pre-elected the successor must follow the rules of succession allowed on Coverdell ESA accounts.
- Transfer all cash and positions in-kind to new CESA account for the named death beneficiary. (Only available for related claimants under age 30)
- Transfer all cash and positions in-kind to Non-Qualified account for the named death beneficiary
- Transfer all cash and positions in-kind to a Non-Qualified estate account in the name of the deceased minor

529 Plans

Transfer Options

- Update to Successor Owner provided in the Successor Controller section. If a successor was not pre-elected the successor must follow the rules of succession allowed by the state the plan was registered under
- Update Beneficiary to the new 529 Beneficiary provided in the Successor 529 Beneficiary section. The Successor Beneficiary must be a family member of the decedent.
- Transfer all cash and positions in-kind to Non-Qualified account for the surviving Owner
- Transfer all cash and positions in-kind to a Non-Qualified account for the Estate of the deceased 529 Beneficiary

Certificate Account(s) – Settlement Instructions

How we will settle the certificate(s) to the claimant:

- Joint WROS (With Rights of Survivorship) owned accounts will retain the same account number, removing the decedent's ownership role.
- Trust owned accounts will retain the same account number, removing the decedent's ownership role, if the taxpayer ID for the trust will not be changing.
- For all other ownerships, a new certificate account will be created in the name of the claimant. The new account will retain all product features of the original decedent's account including the same rates, terms, and original sale date.
- Claimants of individually owned certificates accounts that have matured since notice of death will be sent a check.
- Forms from all claimants are required before the certificate held by the decedent can be divided.

Decedent's Account(s) - Transfer From	
Decedent's Certificate Account(s)	001
Product	



Decedent's Account(s) - Transfer From	
Account Registration	
Decedent's Certificate Account(s)	001
Product	
Account Registration	
Decedent's Certificate Account(s)	001
Product	
Account Registration	

Individual Retirement Accounts (IRAs)

Is Claimant a spouse or non-spouse?

- Spouse
- Non-Spouse

For Non-Spouse Claimants, IRA Assets will transfer to an Ameriprise Financial Services, LLC Inherited IRA

Options for Spouse claimants

- Rollover into an Ameriprise Financial Services, LLC IRA
- Transfer into an Ameriprise Financial Services, LLC Inherited IRA

Uniform Gifts/Transfers to Minor Accounts (UGMA/UTMA)

Transfer Options

- Update to Successor Controller provided in the Successor Controller section. If a Successor Controller was not pre-elected the successor must follow the rules of succession allowed by the state the account was registered under
- Transfer all cash and positions in-kind to Non-Qualified account for the owner who has reached the age of custodial termination
- Transfer all cash and positions in-kind to Non-Qualified account for the Estate of the deceased owner



New Account Taxpayer Certification

TIN (SSN, EIN or other) for New Account of Claimant*

New Account Taxpayer Name (on IRS records)

*If the claimant is an irrevocable trust or estate, it must have its own Employee Identification Number (EIN) according to IRS Revenue Ruling 84-73 and Reg. section 301.6109-1. If an EIN is not provided, mandatory withholding will apply.

**W-9 TIN Certification**

Select appropriate federal tax classification (required - see IRA Form W-9 for additional instructions):

- | | |
|---|---|
| <input type="radio"/> Individual/Sole proprietor | <input type="radio"/> Partnership |
| <input type="radio"/> Corporation | <input type="radio"/> Trust |
| <input type="radio"/> C-Corporation | <input type="radio"/> Revocable (Optional Additional Trust Details) |
| <input type="radio"/> S-Corporation | <input type="radio"/> Irrevocable (Optional Additional Trust Details) |
| <input type="radio"/> Limited Liability Company (LLC) | <input type="radio"/> Irrevocable Grantor (Optional Additional Trust Details) |
| <input type="radio"/> C-Corporation | <input type="radio"/> Estate |
| <input type="radio"/> S-Corporation | <input type="radio"/> Other |
| <input type="radio"/> Partnership | Specify Other <input type="text"/> |

Check here if owner is an Exempt Payee (defined in Form W-9 instructions) Exempt Payee code:

1-An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2), 2-The United States or any of its agencies or instrumentalities, 3-A state, the District of Columbia, a U.S. commonwealth or possession of the United States, or any of their political subdivisions or instrumentalities, 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities, 5-A corporation, 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or a possession of the United States, 7-A futures commission merchant registered with the Commodity Futures Trading Commission, 8-A real estate investment trust, 9-An entity registered at all times during the tax year under the Investment Company Act of 1940, 10-A common trust fund operated by a bank under section 584(a), 11-A financial institution, 12-A middleman known in the investment community as a nominee or custodian, 13-A trust exempt from tax under section 664 or described in section 4947

Foreign Account Tax Compliance Act (FATCA) Reporting

A FATCA exemption code is required for persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, no code is required. Otherwise, submit IRS Form W-9 separately.

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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
- I am a U.S. citizen or other U.S. person (defined below), and
- The (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions:

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8.

Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

Required for all individuals, including authorized persons, controllers, and trustees:

Are you employed by, or an associated person of, a registered broker-dealer, securities exchange, or the Financial Industry Regulatory Authority (FINRA)?

Yes No



Company Name		
<input type="text"/>		
Business Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Ticker Symbol	
<input type="text"/>	<input type="text"/>	
Are you an officer, director, 10% shareholder or policy maker of a publicly traded company? <input type="radio"/> Yes <input type="radio"/> No		
Company Name		
<input type="text"/>		
Business Address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Ticker Symbol	
<input type="text"/>	<input type="text"/>	

Acknowledgements

By signing this form, you acknowledge the following:
You confirm that you are at least 18 years of age and full legal age in your state of residence.

Householding: Ameriprise Financial Services, LLC and its affiliates may use and combine information concerning accounts owned by members of a primary household group to provide members of the group with paper and/or electronic statements of account(s), account information, and for certain products and services, advantageous pricing or fees (we call these uses of client information 'householding'). These accounts include mutual fund, insurance, annuity and brokerage accounts. A primary household consists of an individual, his or her spouse or domestic partner, and any accounts owned for, by, or with their unmarried children under 21 who reside at the same address. If you want to have a statement covering only accounts that you own and to not participate in household pricing, you will need to call your Ameriprise financial advisor or the service 800 number on your statement.

Householding for Shareholder Documents: You understand that Ameriprise Financial Services, LLC may use and combine information concerning accounts owned by members of a household to provide them with a single paper copy of shareholder documents. Prospectuses, supplements, annual reports, semiannual reports and proxies may be included. Under this, household is defined as two or more shareholders who share the same address and either share the same last name or have indicated that they are married or domestic partners. This remains in effect unless notified otherwise. You understand that if you wish to continue receiving multiple copies of prospectuses, supplements, annual reports, semiannual reports and proxies, you can call 866.273.7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.

Guidelines for Completion: We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

You realize that the clearing agent, American Enterprise Investment Services Inc., will release your name, address and security position to requesting companies in which American Enterprise Investment Services Inc. holds securities for your account, unless you specify otherwise to Ameriprise Financial Services.

This Agreement contains a predispute arbitration clause. By signing this Agreement the parties agree as follows:

(A) All parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed. (B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited. (C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings. (D) The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date. (E) The panel of arbitrators may include a minority of arbitrators who were or are affiliated with the securities industry. (F) The rules of some arbitration forums



may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court. (G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

By reading and accepting the terms of this Agreement, you acknowledge that, in accordance with this Arbitration section, you agree in advance to arbitrate any controversies that may arise with Ameriprise Financial or AEIS. You agree that all controversies that arise between us (including but not limited to those related to your brokerage account and any service or advice provided by a broker or representative), whether arising before, on or after the date you opened your account, shall be determined by arbitration in accordance with the terms of this Agreement and the rules then prevailing of the Financial Industry Regulatory Authority. Any arbitration pursuant to this provision shall be conducted only before the Financial Industry Regulatory Authority, Inc. Federal and state statutes of limitation, repose, and/or other rules, laws, or regulations impose time limits for bringing claims in federal and state court actions and proceedings. The parties agree that all federal or state statutes of limitation, repose, and/or other rules, laws, or regulations imposing time limits that would apply in federal or state court, shall apply to any dispute, claim or controversy brought under this Agreement, and such time limits are hereby incorporated by reference. Therefore, to the extent that a dispute, claim, or controversy arises under this Agreement and would be barred by a statute of limitation, repose or other time limit if brought in a federal or state court action or proceeding, the parties agree that such dispute, claim, or controversy shall be barred in an arbitration proceeding.

You understand that judgment upon any arbitration award may be entered in any court of competent jurisdiction. The parties agree that venue and personal jurisdiction is proper in Minneapolis, Minnesota. No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (I) the class certification is denied; (II) the class is decertified; or (III) the customer is excluded from the class by the court. Such forbearance to enforce any agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

If the Beneficiary/Claimant is taking ownership of a Managed Account using Estate Settlement Claim – Beneficiary Directed (Form 116189) that is taken as consent that the Beneficiary/Claimant will be completely terminating the existing Ameriprise Managed Account agreement(s) after re-registration and agrees to the following terms:

- No account management fee will be charged.
- No Managed Accounts services will be provided.
- This form will create a new account with the primary money settlement option based on product and account type indicated. Signing this form establishes consent for the money settlement option as outlined in Authorizations and Acknowledgements.
- Beneficiary/Claimant is responsible for full liquidation or in kind transfer of the account within 90 days of completion of the Estate Settlement Claim. The claimant may call 1.800.862.7919. If the account is not liquidated within 90 days after completing the Estate Settlement Claim we will transfer the account assets into an Ameriprise Brokerage Account in the same ownership where all applicable brokerage fees as described in the Ameriprise Brokerage Client agreement will apply to the account. For a copy of the Ameriprise Brokerage Client agreement visit our website at Ameriprise.com/ disclosures or call our service line at 800.862.7919.

If claiming an Ameriprise Brokerage or Managed account, this form will create a new account with the primary money settlement option based on product and account type indicated. Signing this form establishes consent for the money settlement option as outlined below.

For all non-qualified accounts regardless of product type, and for all types of IRA, Coverdell ESA, Custodial, Trusteed, Defined Benefit and 401(k) qualified plans, (excluding 401(a) accounts in retail brokerage) and SPS Advantage accounts, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA), a FDIC-insured multi-bank deposit product.

For 401(a) accounts in retail brokerage, your money settlement option will be the Ameriprise Insured Money Market Account (AIMMA) and for 401(a) accounts in SPS Advantage, your money settlement option will be Ameriprise Bank Insured Sweep Account (ABISA).

For all TSCA/403(b) accounts in retail brokerage and for SPS Advantage accounts, your money settlement option will be Dreyfus General Government Securities MMF - Dreyfus Class.

For all Discretionary Managed accounts in a qualified ownership, your money settlement option will be Ameriprise Bank Insured Sweep Account (ABISA).

Allocating assets held in the decedent's account may result in the creation of fractional shares or sub-minimum bonds. Fractional shares or bonds in amounts below the minimum denomination are not permitted in some Ameriprise brokerage accounts. If shares cannot be split equally, thus creating fractional shares, or if splitting a bond will result in creating positions that are below minimum denomination, you understand that, absent specific direction from the beneficiaries, Ameriprise Financial Services, LLC reserves the right to liquidate fractional shares or below minimum denomination bonds in a manner that Ameriprise, in its discretion, deems equitable.

Ameriprise Insured Money Market Account ("AIMMA"): AIMMA is an FDIC insured, interest-bearing bank deposit product made available by Ameriprise Financial and held in an omnibus Account(s) at one or more FDIC member banks (collectively, the "Program Banks"), and including our affiliate, Ameriprise Bank, FSB. The Program Banks may serve individually as custodians for all or a portion of the assets held within your AIMMA, as described in the Other Important Brokerage Disclosures. For a copy of the Other Important Brokerage Disclosures, visit our website at ameriprise.com/disclosures or call our service line at 800.862.7919. Deposit products are FDIC insured up to \$250,000 per depositor at each Program Bank, and up to \$2.5 million per depositor across all Program Banks combined. Deposit products are not covered by SIPC. See the Money Settlement Options section of the Ameriprise Brokerage Client Agreement for further information.



The following statements apply to Brokerage accounts and Managed Accounts only: By selecting AIMMA as your sweep option, you agree to accept the proprietary algorithm applied by Promontory Interfinancial Network, LLC (PIN), which determines the Banks into which your deposits are placed. The Banks are identified on the Bank List published at Ameriprise.com/cashrates. You also understand and agree that PIN will periodically change the order of the Banks to optimize the amount of FDIC insurance available in the AIMMA program. Under ordinary business conditions, changes to the Bank List will be published at least five business days prior to the effective date, and current interest rates for each interest rate tier will be published three to five business days prior to their effective date. Interest rate information is also available at Ameriprise.com/cashrates.

Ameriprise Bank Insured Sweep Account ("ABISA"): ABISA is an FDIC insured, interest-bearing bank deposit product made available by Ameriprise Financial only for discretionary investment advisory accounts in a tax-qualified ownership. Deposits are held in an omnibus Account(s) at Ameriprise Bank, FSB, Member FDIC, an affiliate of Ameriprise Financial. Ameriprise Bank serves as custodian for the assets held within your ABISA, as described in the Other Important Brokerage Disclosures. For a copy of the Other Important Brokerage Disclosures, visit our website at ameriprise.com/disclosures or call our service line at 800.862.7919. Deposit products are FDIC insured up to \$250,000 per depositor, per FDIC rules. Deposit products are not covered by SIPC. See the Money Settlement Options section of the Ameriprise Brokerage Client Agreement for further information.

A beneficiary/claimant is subject to RMD rules for subsequent years. Amounts that represent RMDs cannot be rolled over to another qualified plan. If the decedent had reached his or her Request Beginning Date (RBD) and had not yet taken their Required Minimum Distribution (RMD), the beneficiary/claimant is required to distribute the RMD amount by December 31st of the year of the decedent's death. If there are multiple beneficiaries/claimants, please work with the executor to take the decedent's RMD.

Qualified Accounts

The Required Minimum Distribution (RMD) rules can be complex and a beneficiary/claimant should consult a tax advisor to determine how the rules apply to them.

Responsibility for Tax Consequences or Penalties: You assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions in, and distributions from your IRA.

Termination: You understand that your IRA may be terminated by you or by us. Termination will result in the cancellation of your IRA and the liquidation of all of the underlying investments in your IRA. You understand you are responsible for charges relating to any termination of this IRA.

Responsible Individual Verification: You affirm that you are the parent or legal guardian of the Child for whom this account is being established (account may not be controlled by anyone other than a parent or legal guardian).

Appointment: You appoint Ameriprise Trust Company as custodian of your Coverdell ESA and understand that the "Your Guide to Coverdell Education Savings Accounts", which includes the Coverdell Education Savings Custodial Account Agreement along with this application comprise your Custodial Agreement with Ameriprise Trust Company.

Responsibility for Tax Consequences or Penalties: You understand that the child for whom this Coverdell ESA is established assumes all responsibility for any tax consequences and penalties that may result from making contributions to, transactions in, and distributions from the Coverdell ESA. You will report to the IRS certain tax information regarding this Coverdell ESA in the child's name and taxpayer identification number.

Termination: You understand that this Coverdell ESA may be terminated by you or buy us. Termination will result in cancellation of the Coverdell ESA and the liquidation of all of the underlying investments in the Coverdell ESA. You understand that you are responsible for charges relating to any termination of this Coverdell ESA.

Coverdell ESA Acknowledgments

By signing this form, you acknowledge the following:

You acknowledge that you have received and read the "Your Guide to Coverdell Education Savings Accounts" and the Custodial Agreement therein, and agree to abide by the terms and conditions of each. You acknowledge and agree to the fees that will be charged against your Coverdell ESA. You understand that your Coverdell ESA is governed by a predispute arbitration clause, found in Article X, Number 14, of your custodial agreement. You acknowledge receipt of the predispute arbitration clause.

529 Acknowledgement of State Tax Disclosure

You acknowledge that you have received the 529 Plan(s) for the taxpaying state and have read and understand the following:

Depending upon the laws of your home state or the home state of the designated beneficiary, favorable state tax treatment or other benefits offered by your home state for investing in a 529 college savings plans may be available only if you invest in your home state's 529 college savings plan. You understand that any state-based benefit offered with respect to a particular 529 college savings plan should be one of the many appropriately weighted factors to be considered in making an investment decision.

You understand that you should consult with your tax or other advisor to learn more about how state-based benefits (including any limitations) would apply to your specific circumstances and also may wish to contact your home state or any other 529 college savings plan to learn more about features, benefits, and limitations of that state's 529 college savings plan.

**Brokerage 529 Disclosures**

You understand that you are investing in this 529 Plan to pay for a portion, or all, of the anticipated qualified educational expenses of the beneficiary.

You have received the most current version of the 529 Plan Official Statement/Plan Description and understand you can find the complete details of purchasing a 529 Plan in the Official Statement/Plan Description, including a description of the risks, federal and state tax treatment, share class, costs and fees.

If you contribute to a 529 Plan offered by a state in which you are not a resident, you have considered whether you, or your designated beneficiary(s) home state offers any state tax or other benefits only available for investments in such state's qualified tuition program.

You understand that earnings on contributions made to a 529 Plan may be subject to state & federal tax and a ten percent (10%) federal income tax penalty if the funds are not used for qualified education expenses.

You are aware that certain changes such as a change of beneficiary could have tax consequences as well as affect which 529 Plan or which underlying investment options may be appropriate for you. In addition, you understand the state in which you pay income taxes may change the tax treatment of 529 Plan contributions.

You understand that we may assess an annual fee for Brokerage 529 accounts. Unless you make alternative arrangements, any annual fee may be paid by liquidation securities in the Brokerage 529 account. the liquidation will be a non-reportable transaction.

You have read information about the 529 Plan you are purchasing including the underlying investment option, in addition, your Ameriprise financial advisor has explained the features, benefits, costs and fees associated with this purchase.

You understand that Ameriprise Financial Services and your financial advisor do not provide legal or tax advice.

Acknowledgement of Hypothetical State Income Tax Savings Disclosure:

You understand that you are investing in this 529 Plan to pay for a portion, or all, of the anticipated qualified higher educational expenses of the beneficiary.

You have received the most current version of the 529 Plan Official Statement/Plan Description and understand you can find the complete details of purchasing a 529 Plan in the Official Statement/Plan Description, including a description of the risks, federal and state tax treatment, share class, costs and fees.

If you contribute to a 529 Plan offered by a state in which you are not a resident, you have considered whether you, or your designated beneficiary(s) home state offers any state tax or other benefits only available for investments in such state's qualified tuition program.

You understand that earnings on contributions made to a 529 Plan may be subject to state & federal tax and a ten percent (10%) federal income tax penalty if the funds are not used for qualified higher education expenses.

You are aware that certain changes, such as a change of beneficiary, could have tax consequences as well as affect which 529 Plan or which underlying investment options may be appropriate for you. In addition, you understand the state in which you pay income taxes may change the tax treatment of 529 Plan contributions.

You understand that we may assess an annual fee for Brokerage 529 accounts. Unless you make alternative arrangements, any annual fee may be paid by liquidating securities in the Brokerage 529 account. The liquidation will be a non-reportable transaction.

You have read information about the 529 Plan you are purchasing including the underlying investment options. In addition, your Ameriprise financial advisor has explained the features, benefits, costs and fees associated with this purchase. You understand that Ameriprise Financial Services and your financial advisor do not provide legal or tax advice.

BlackRock CollegeAdvantage 529 Plan Disclosures

My signature indicates that I have read and agree to the terms of (i) the current Program Description, including any supplements and amendments), (ii) the Participation Agreement dated September 3, 2019 or later and (iii) this Application, each as relating to the BlackRock CollegeAdvantage 529 Savings Plan offered exclusively through The Ohio Tuition Trust Authority (Tuition Trust). I understand that I should consult a financial or legal advisor if I have questions about these terms. This Application, together with the Participation Agreement incorporated herein, constitutes my contract with the Tuition Trust with respect to amounts invested pursuant to this Application.

**Columbia Threadneedle Future Scholar 529 College Savings Plan Application Disclosures**

By signing the Account Application or Change of Ownership Application, you hereby apply for the Future Scholar 529 Plan Account(s) and certify that all of the information within the Account Application - and all information that you provided with respect to your Account(s) - is true, complete and correct, and you understand that the Account(s) will be opened based on this information.

You certify that you have read, understand and agree to the terms of the Ameriprise Brokerage 529 Plan Account Application, the Columbia Management Future Scholar 529 College Savings Plan Program Description (including the fees and expenses described therein), and the Participation Agreement (attached as Appendix A to the Columbia Management Future Scholar 529 College Savings Plan Program Description), and will retain a copy of each for your records.

You certify that the funds to be placed in the Account(s) are intended to be used solely to pay qualified education expenses of the Designated Beneficiary(ies).

You acknowledge and agree that the Participation Agreement (attached as Appendix A to the Program Description) will govern all aspects of the Account(s), including all Contributions to the Account(s).

You certify that you are a U.S. citizen or resident alien.

You understand that except for the Columbia Bank Deposit 529 Portfolio the Account(s) is/are not a deposit or insured or guaranteed by the State of South Carolina, the United States, or any government agencies including the FDIC and they do not guarantee the principal invested nor any investment return.

You understand that the value of your Account(s) may be more or less than the amount contributed in the Account(s).

You understand that Section U of the Participation Agreement contains a pre-dispute arbitration clause requiring that all disputes under this agreement are to be settled by binding arbitration. By signing the Account Application or Change of Ownership application, You have received, read, understand, and agree to such arbitration provisions and also acknowledge receiving a copy of the Participation Agreement included as Appendix A of the Program Description.

**Fidelity Advisor 529 Plan Disclosures**

By signing below, I agree to participate in the Fidelity Advisor 529 Plan. I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Fidelity Advisor 529 Plan Participation Agreement ("Participation Agreement").

I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of New Hampshire and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the New Hampshire Higher Education Savings Plan Trust (the "Trust"). It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.

I understand that it is my responsibility to read the Fidelity Advisor 529 Plan Offering Statement (the "Offering Statement"). I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.

I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new Fidelity Advisor 529 Plan Portfolio(s) in which I invest.

I understand that the Fidelity Advisor 529 Plan Portfolios are not backed or guaranteed by any bank or insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.

I understand that the Fidelity Advisor 529 Plan Portfolios units are not deposits or obligations of, or guaranteed by, any depository institutions.

By signing below, I hereby ratify any instructions given by me, including without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that the Fidelity Advisor 529 Plan will not be liable for any loss, cost, or expense for acting upon such instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.

Your Fidelity Advisor 529 Plan account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.

CHET 529 College Savings Plan - Advisor Plan Disclosures

By signing below, I agree to participate in the CHET 529 College Savings Plan - Advisor Plan ("CHET Advisor Plan"). I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the Fidelity Advisor 529 Plan Participation Agreement ("Participation Agreement").

I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of Connecticut and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Connecticut Higher Education Trust (the "Trust"). It shall inure to the benefit of the Trust's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.

I understand that it is my responsibility to read the CHET Advisor Plan Offering Statement (the "Offering Statement"). I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.

I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new CHET Advisor Plan Portfolio(s) in which I invest.

I understand that the CHET Advisor Plan Portfolios are not backed or guaranteed by any bank or insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.

I understand that the CHET Advisor Plan Portfolios units are not deposits or obligations of, or guaranteed by, any depository institutions.

By signing below, I hereby ratify any instructions given by me, including without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that the CHET Advisor Plan will not be liable for any loss, cost, or expense for acting upon such instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.

Your CHET Advisor Plan account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.

**OklahomaDream 529 Plan Disclosures**

By signing below, I agree to participate in the OklahomaDream 529 Plan ("OklahomaDream 529"). I acknowledge that I have read, understood, and agree to the terms and conditions set forth in the OklahomaDream 529 Plan Participation Agreement ("Participation Agreement").

I understand that the Participation Agreement and its enforcement shall be governed by the laws of the State of Oklahoma and is not subject to arbitration. It shall cover individually and collectively all accounts which the undersigned may hold under the Oklahoma College Savings Plan Program (the "Program"). It shall inure to the benefit of the Program's successors and assigns, and the Participation Agreement shall be binding upon the heirs, executors, administrators, successors, and assigns of the undersigned.

I understand that it is my responsibility to read the OklahomaDream 529 Plan Offering Statement (the "Offering Statement"). I have read, understood, and agree to the terms and conditions set forth in the separate Offering Statement as is currently in effect and as may be amended from time to time.

I understand that all the information I have provided in this application, all the terms and conditions to which I have consented, and the certifications contained herein are true and accurate, and will apply to any new OklahomaDream 529 Plan Portfolio(s) in which I invest.

I understand that the OklahomaDream 529 Plan Portfolios are not backed or guaranteed by any bank or insured by the FDIC, the Federal Reserve Board, or any other agency, and are subject to investment risks, including possible loss of principal amount invested.

I understand that the OklahomaDream 529 Plan Portfolios units are not deposits or obligations of, or guaranteed by, any depository institutions.

By signing below, I hereby ratify any instructions given by me, including without limitation, telephone or electronic instructions, given on this account relating to the above items and agree that the OklahomaDream 529 Plan will not be liable for any loss, cost, or expense for acting upon such instructions believed to be genuine and in accordance with reasonable procedures designed to prevent unauthorized transactions.

Your OklahomaDream 529 Plan account balance and certain uncashed checks issued from your account may be transferred to a state unclaimed property administrator if no activity occurs in the account or the check remains outstanding within the time period specified by the applicable state law.



Franklin Templeton 529 College Savings Plan Disclosures

If you are purchasing Trust Shares under the Franklin Templeton 529 College Savings Plan (the "FT529 Plan"), you must READ the FT529 Plan's Investor Handbook and the Participation Agreement that is Appendix A of such Investor Handbook ("Participation Agreement"). BY SIGNING AND DATING THIS APPLICATION YOU ACKNOWLEDGE, AGREE AND ACCEPT THE FOLLOWING WITH RESPECT TO PURCHASES OF TRUST SHARES IN THE FT529 PLAN. Certain capitalized terms are used as defined for purposes of the FT529 Plan's Investor Handbook.

You understand that the FT529 Plan is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA) and managed and distributed by Franklin Templeton Distributors, Inc., an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton. No federal or state guarantee. Principal value may be lost and investing in the plan does not guarantee admission to college or sufficient funds for college. Please refer to the Investor Handbook for more complete information.

You have read and understand the terms and conditions of the FT529 Plan as described in this application and in the Investor Handbook and the Participation Agreement as currently in effect. You understand that the FT529 Plan may, from time to time, amend the Investor Handbook and the Participation Agreement. You agree that your FT529 Plan Account will at all times be governed by the terms and conditions contained in the FT529 Plan Investor Handbook and Participation Agreement, as amended from time to time, which are expressly incorporated by reference into this application.

To the best of your knowledge the total contributions made to the accounts established under the Program for the Beneficiary do not exceed the Maximum Contribution Limit described in the FT529 Plan Investor Handbook or the cost in current dollars of qualified higher education expenses the Beneficiary is reasonably anticipated to incur, whichever is less.

You agree that you are responsible for retaining documentation concerning your accounts. You understand that the federal and state tax treatment of amounts withdrawn may be dependent upon the availability of such documentation.

You understand that your Trust Shares in the FT529 Plan may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under your state's unclaimed property laws.

You understand that the state in which you or your Beneficiary or (if applicable) the Third-Party Contributor resides may have a 529 plan that offers tax and other benefits to residents that may not be available to investors in the Franklin Templeton 529 College Savings Plan.

You understand that none of NJBEST, the State of New Jersey, the New Jersey Higher Education Student Assistance Authority (HESAA), Franklin Templeton or any entity affiliated therewith, or any agent or representative retained in connection with the Plan, makes any guarantee of, or has any legal or moral obligation to insure, the ultimate payout of all or any portion of any amount contributed to any Account or that there will be an investment return at any particular level on any Account.

Franklin Templeton Distributors, Inc. and its affiliates and HESAA are authorized to provide any information about your account(s) to your broker-dealer or financial professional, and your broker-dealer or financial professional is authorized to provide any information about your account(s) to Franklin Templeton Distributors, Inc. and its affiliates and HESAA.

You hereby certify that you have read the portion of the Investor Handbook entitled, "Opening, Maintaining and Contributing to an Account—Transfers and Rollovers" and understand the rules and regulations governing rollover contributions from another Section 529 Program. You also certify that any rollover contribution from another Section 529 Program is being made within 60 days of withdrawal from the former program and that you have not made a rollover contribution within the past 12 months to an account under the Franklin Templeton 529 College Savings Plan or any other Section 529 Program that has the Beneficiary as its beneficiary.

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

Required Signatures

Is the Beneficiary/Claimant a minor or protected person, or will an Attorney in Fact (AIF) or Controller be acting on behalf of any claimant(s)?

Yes No

Claimant First Name

Claimant Signature

State

Date (MMDDYYYY)

X



Authorized Person First Name

Authorized Person Signature

Date (MMDDYYYY)

X

Custodial Plan Sponsor Information

Custodial Qualified Plan Account Number

You are the duly authorized Plan Sponsor of the Custodial qualified plan identified above and you direct and authorize Ameriprise Financial, Inc. and/or its affiliates to process the transactions in accordance with the instructions in above. You represent that: (i) the individual signing as beneficiary/claimant above is the designated beneficiary/claimant of the deceased participant and is entitled to receive the death benefit proceeds; (ii) that all required distribution-related disclosures and elections have been provided to the beneficiary; (iii) the consent of the beneficiary/claimant has been separately obtained and; (iv) any rollover is being made to an eligible retirement plan that has agreed to receive the rollover in accordance with applicable IRS rules.

Plan Sponsor Name

Plan Sponsor Signature

Date (MMDDYYYY)

X

Advisor Details



Do not complete this section if you will not act as the servicing advisor of the named beneficiary.

The following Covered Family Member question is required for all IRA accounts created using this form with a Servicing Advisor.

Is this account for you, a covered family member of yours*, or, a covered family member of anyone you will be sharing compensation with?

Yes No

* Covered family members include, as applicable, the advisor's spouse, mother, father, grandmother, grandfather, great-grandmother, great-grandfather, as well as the advisor's lineal descendants (son, daughter, grandson, granddaughter, great-grandson and great-granddaughter) and any spouse of a lineal descendant. Brothers and sisters are not in scope for this rule.



Advisor Name				Advisor ID	
Advisor Signature				Date (MMDDYYYY)	
X					
Primary Advisor Name				Primary Advisor ID	
Is this account assigned to a Compensation Sharing Arrangement (CSA)?					
<input type="radio"/> Yes					
<input type="radio"/> No					
Area/Branch Office Number	Phone Number	Ext	CSA ID	Compensation %	
Financial Institution Branch Name			Financial Institution Branch ID		

Co-Advisor Information

Advisor Name				Advisor ID	
Advisor Signature				Date (MMDDYYYY)	
X					
Is this account assigned to a Compensation Sharing Arrangement (CSA)?					
<input type="radio"/> Yes					
<input type="radio"/> No					
Area/Branch Office Number	Phone	Ext	CSA ID	Comp %	
Financial Institution Branch Name			Financial Institution Branch ID		