

Important information about opening a new account:

- Carefully read the **Program Details Booklet** on our website at wastate529.wa.gov before completing this form for a DreamAhead College Investment Plan (“the Plan”) account.
- Use this form to open an individual or UTMA/UGMA college savings account for yourself or a beneficiary. Please use the **Entity Enrollment form** to open an Entity account.
- There’s a \$25 minimum contribution to open an account and a \$500,000 maximum account balance.
- If you connect a bank account, the Account Owner or Beneficiary (if applicable) must own the banking account.
- Make sure you use black ink to type or print clearly in capital letters and do not staple the pages together.

Want an easier way to enroll?

Go online to wastate529.wa.gov and use your email to set up an account.

Need help?

Give us a call Monday – Friday from 6am – 5pm PT at

1-844-529-5845

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

DreamAhead College
Investment Plan
PO Box 534421
Pittsburgh, PA 15253- 4421

Overnight Mail:

DreamAhead College
Investment Plan
Attention: 534421
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-286-8313

1 Are you funding the new account with a rollover?

- Yes (Please fill out and include the applicable **Rollover Form** available on wastate529.wa.gov)
- No

2 Account type

- Individual
- UTMA/UGMA under _____ state's rules
State

3 Account Owner/Custodian information

___ / ___ / _____

How do you identify? As she As he Choose not to identify

___ - ___ - _____

Social Security or Taxpayer Identification Number

___ - ___ - _____

Telephone number

Residential address

PO boxes are NOT accepted for a residential address.

Street address 1

Street address 2

City

State

ZIP Code

4 Work information

Providing employment information for the Account Owner/Custodian will help us understand how the account is being funded.

What is your work status? (Select one)

- Employed
 Self-Employed
 Retired or Not Working



A What's your occupation (Select one)

Answer if **employed** or **self-employed**:

- | | |
|---|--|
| <input type="radio"/> Accounting/Auditing | <input type="radio"/> Hospitality/Food |
| <input type="radio"/> Admin/Clerical | <input type="radio"/> Independent Investor |
| <input type="radio"/> Art/Antiques Dealer | <input type="radio"/> Information Technology |
| <input type="radio"/> Banking Professional | <input type="radio"/> Insurance |
| <input type="radio"/> Car/Boat/Airplane Dealer | <input type="radio"/> Legal Services |
| <input type="radio"/> Casino/Gaming | <input type="radio"/> Manufacturing/Production |
| <input type="radio"/> Construction/Skilled Trade | <input type="radio"/> Nonprofit Executive |
| <input type="radio"/> Creative/Design/Architectural | <input type="radio"/> Operations |
| <input type="radio"/> Defense/Military | <input type="radio"/> Other: |
| <input type="radio"/> Editorial/Writing/Publishing | _____ |
| <input type="radio"/> Education | (Please write in your occupation) |
| <input type="radio"/> Elected Official/Embassy | <input type="radio"/> Public Service |
| <input type="radio"/> Engineering/Science/R&D | <input type="radio"/> Retail/Sales/Real Estate |
| <input type="radio"/> Entertainment/Sports/Arts | <input type="radio"/> Student |
| <input type="radio"/> Financial Services | <input type="radio"/> Transportation/Warehousing |
| <input type="radio"/> Health Care Professional | |

B Please choose all of your sources of income (Select all that apply)

Answer if **retired or not working**:

- Retirement Savings
 Spousal Support
 Social Security or Pension
 Other Government Services
 Other:

(Please write in all other sources)

5 Beneficiary information

This account is designed to be used for the Beneficiary’s qualified education expenses, as described in the **Program Details Booklet**.

Is the Account Owner also the Beneficiary?

Individual accounts can always add or change the Beneficiary as long as the new Beneficiary qualifies as a “Member of the Family.”

- Yes (Leave Beneficiary information blank and continue to **Step 6**)
- No (Fill out the information below)

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

How do they identify? As she As he Choose not to identify

__ - __ - __ - __ - __ - __ -

Social Security or Taxpayer Identification Number

Relationship to the Account Owner/Custodian

- Child
- Spouse
- Grandchild
- Other relative
- Non-relative

Residential address

PO boxes are NOT accepted for a residential address.

- Residential address is the same as the Account Owner/Custodian
(Leave address information below blank)

Street address 1

Street address 2

City

State

ZIP Code

6 Successor Owner information (Optional)

Complete this step only if you selected individual on **Step 2**.

The Successor Owner must be at least 18 years old and is eligible to become the Account Owner in the event the original Account Owner becomes incapacitated.

Do you want to add a Successor Owner?

You can always add or change the Successor Owner at any time (on individual accounts).

Yes

No (Leave Successor Owner information blank and continue to **Step 7**)

Name (First and last)

___ ___ / ___ ___ / ___ ___ ___ ___

Date of birth (mm/dd/yyyy)

___ ___ ___ - ___ ___ - ___ ___ ___ ___

Social Security or Taxpayer Identification Number

7 Communication preferences

Mailing address

PO boxes are accepted for a mailing address.

- Use the Account Owner/Custodian’s residential address as the mailing address
(Leave address information below blank)

Street address 1

Street address 2

City

State

ZIP Code

Choose how you want to receive statements and tax forms for all the accounts you manage (Select one)

- Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 7A** below)
- Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 7A** below)
- Send quarterly statements, account information and tax forms by U.S. mail*
(The account will be charged \$10 per account, per year)
- A What email address should we use?**
Answer if you’ve chosen to receive items by email

Email

* All documents sent by U.S. mail will be mailed to the account’s mailing address.

8 Contribution information

There's a \$25 minimum contribution to open an account and a minimum contribution of \$5 for each separate portfolio you select. You can connect a bank account (**Step 10**) or include a check made out to DreamAhead College Investment Plan.

You can select as many portfolios you want to invest your initial and future contributions. You can view your portfolio allocations at any time or change your investment strategy up to twice per calendar year.

Before making investment decisions, please visit the Plan website. The **Program Details Booklet** contains a full list of available investment options.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

| | | |
|------|----------------|--------------------------|
| Code | Portfolio name | \$ _____ , _____ . _____ |
| | | Amount |
| Code | Portfolio name | \$ _____ , _____ . _____ |
| | | Amount |
| Code | Portfolio name | \$ _____ , _____ . _____ |
| | | Amount |
| Code | Portfolio name | \$ _____ , _____ . _____ |
| | | Amount |
| Code | Portfolio name | \$ _____ , _____ . _____ |
| | | Amount |

How are you making this contribution?

- Check (Please include a check made out to DreamAhead College Investment Plan with a paper clip, do not staple)
- ACH deposit (Please fill out **Step 10**)

\$ _____ , _____ . _____
Total contribution amount

9 Monthly contributions (Optional)

There's a \$5 minimum contribution to each portfolio you select. This will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account (from **Step 10**) each month on the day you indicate for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by using the **Manage Monthly Contributions Form**; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Would you like to make recurring monthly contributions?

Yes (Please complete this step and continue to **Step 10**)

No (Leave the information below blank and continue to **Step 11**)

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Investment Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_____ \$ _____ , _____ . _____
Code **Portfolio name** **Amount**

_____ \$ _____ , _____ . _____
Code **Portfolio name** **Amount**

_____ \$ _____ , _____ . _____
Code **Portfolio name** **Amount**

_____ \$ _____ , _____ . _____
Code **Portfolio name** **Amount**

_____ \$ _____ , _____ . _____
Code **Portfolio name** **Amount**

_____ \$ _____ , _____ . _____
Day of the month (1 – 28) If you don't pick a date, we'll automatically do it on the 1st of every month **Total contribution amount**

10 Bank account information (Optional)

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement showing the name, address, last 4 digits of the bank account number and complete the bank information below. Please do not staple, use a paper clip for the check.

What type of documentation are you including to verify this bank account?

- Voided check
- Bank statement

Name on bank account

The Account Owner/Custodian or Beneficiary must own the bank account connected to the DreamAhead account.

Bank account holder signature

(If different than DreamAhead account owner/custodian)

Bank account type Checking Savings

Bank name

Bank routing number

Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

| | | | |
|------------|---|-------------|--------|
| ⑆000000000 | ⑆ | 00000000000 | ⑆ 1000 |
| Routing | | Account | |
| Number | | Number | |

11 Verify your identity

The Account Owner/Custodian must provide identification.

How to provide identification

Acceptable ID Documentation

Option A

Include a copy of a Department of Motor Vehicles State ID

Option B

Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

12 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Details Booklet**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I have received, read and understand the **Program Details Booklet** found at wastate529.wa.gov

I will retain a copy of the **Program Details Booklet** for my records. I understand that the Plan may, from time to time, amend the **Program Details Booklet**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this **Enrollment Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

I understand that the Plan will send all notices and communications relating to my account in accordance with the communication preferences identified in **Step 7**. I will notify the Plan of changes to my mailing address or email address and if my communication preferences change.

I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).

If I have enclosed the appropriate **Rollover Form** and check for an indirect rollover. I also certify that this amount was withdrawn from another qualified tuition program, a Coverdell Education Savings Account (CESA), or a qualified U.S. Savings Bond within the last 60 days and that I have not previously made a rollover for the same Beneficiary from one qualified tuition program to another within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.

If I have provided banking information in **Step 10**, I authorize the Plan to debit my bank account and to deposit such funds into my Plan account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my account(s). This includes the ability to authorize withdrawals from my accounts via telephone or through this website provided my banking information has been on file for a minimum of 30 days. If I wish to remove these capabilities from my account(s), I must remove my banking information.

Signature of Account Owner/Custodian

Date (mm/dd/yyyy)

Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to wastate529.wa.gov or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

Static Portfolios

| Code | Portfolio Name |
|-------|-------------------------------|
| WACCP | Cash Preservation Portfolio |
| WACIN | Income Portfolio |
| WACCG | Income & Growth Portfolio |
| WACBA | Balanced Portfolio |
| WACMG | Conservative Growth Portfolio |
| WACGR | Moderate Growth Portfolio |
| WACAG | Growth Portfolio |
| WACEC | College Enrolled Conservative |
| WACEM | College Enrolled Moderate |
| WACEA | College Enrolled Growth |

Year of Enrollment Portfolios

| Conservative | | Moderate | | Growth | |
|--------------|--------------------|----------|--------------------|--------|--------------------|
| Code | Year of Enrollment | Code | Year of Enrollment | Code | Year of Enrollment |
| WAC40 | 2040 | WAM40 | 2040 | WAA40 | 2040 |
| WAC38 | 2038 | WAM38 | 2038 | WAA38 | 2038 |
| WAC36 | 2036 | WAM36 | 2036 | WAA36 | 2036 |
| WAC34 | 2034 | WAM34 | 2034 | WAA34 | 2034 |
| WAC32 | 2032 | WAM32 | 2032 | WAA32 | 2032 |
| WAC30 | 2030 | WAM30 | 2030 | WAA30 | 2030 |
| WAC28 | 2028 | WAM28 | 2028 | WAA28 | 2028 |
| WAC26 | 2026 | WAM26 | 2026 | WAA26 | 2026 |
| WAC24 | 2024 | WAM24 | 2024 | WAA24 | 2024 |