

## Important information about this form:

- Fill out this form to make changes to your investment strategy in your DreamAhead College Investment Plan (“the Plan”) account.
- You can make changes to your investment strategy up to twice per calendar year, or when you change the Beneficiary of the account to a qualified “Member of the Family.”
- An investment change to or from an account in another Plan in the network for the same Beneficiary will be considered a change among investment portfolios for the purposes of this restriction.
- All investment strategy changes submitted at the same time would be counted as one strategy change.
- When you transfer money FROM an investment option, there’s a \$5 withdrawal minimum per portfolio. Unless you decide to withdraw all the funds from a portfolio, you can withdraw up to 95% of the portfolio’s balance or leave a balance of at least \$5.
- When you transfer money TO an investment option, there’s a \$5 contribution minimum to each separate portfolio you select.
- It can take up to 10 business days for the investment change to process.
- A notarization acknowledgement is required for an Entity account or an account for which the individual completing the form is acting in a legal capacity as a representative of the Account Owner (**Step 4**).
- Make sure you use black ink to type or print clearly in capital letters.

## 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 Account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
Account Owner's Social Security or Taxpayer Identification Number

\_\_\_\_\_  
Account number (May be 12 or 13 digits)

## 2 Investment change instructions

These changes apply to the assets currently in your account; it will not change your allocation instructions for future contributions. In the "Reallocate funds FROM" section, please indicate the investment option with the corresponding dollar amount from which you are reallocating assets. In the "Reallocate funds TO" section, please indicate the investment option with the corresponding amount to which you are reallocating assets. If you'd like to complete reallocations from more than 3 portfolios, please submit multiple copies of this page of this form. All reallocations will be processed together and will only count as one investment change.

Please refer to the **Program Details Booklet**, found at [wastate529.wa.gov](http://wastate529.wa.gov), for a 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.

## Reallocation #1

**A** Move funds FROM the following option:

\_\_\_\_ Code                      \_\_\_\_\_ Portfolio name

Select one:

Partial amount

Liquidate this portfolio in full

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**B** Move funds TO the following option:

\_\_\_\_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

**Total = 100%**

## Reallocation #2

**A** Move funds FROM the following option:

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name

Select one:

Partial amount

Liquidate this portfolio in full

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**B** Move funds TO the following option:

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

**Total = 100%**

## Reallocation #3

**A** Move funds FROM the following option:

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name

Select one:

Partial amount

Liquidate this portfolio in full

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**B** Move funds TO the following option:

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

\_\_\_\_ \_ Code                      \_\_\_\_\_ Portfolio name                      \_\_\_\_\_ %  
**Code**                      **Portfolio name**                      **Percent**

**Total = 100%**

### 3 Sign the form

By signing this form, I authorize the investment change of funds from my current investment portfolio(s) in **Step 2** to the investment portfolio(s) as indicated. I certify and understand the following:

- An investment change of funds among investment portfolios for my account can only be requested twice per calendar year.
- I authorize the investment change of assets in my account per my instructions in **Step 2**.
- If I am making contributions by payroll deduction or monthly transfer, I understand that those recurring contributions will continue into my previously designated investment portfolio(s) unless updated by me.
- I understand that if I set up an online gifting page, gift contributions made to this account will continue being made to the investment portfolio I designated when setting up the page, unless updated by me.
- I understand that this investment change of funds will become effective upon the Plan's receipt of this form in good order.
- I certify that I am the Account Owner, or can provide a notarization acknowledgement to have the authority to act as the Account Owner.

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Signature of Account Owner/Custodian/Authorized Representative  
of Entity

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Date (mm/dd/yyyy)

## 4 Notarization acknowledgement

Only complete this step if you are acting on behalf of the Account Owner or you're an Entity Account Owner.

**Keep in mind that:**

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the Account.

**Only sign if you are in the presence of a notary public or other officer providing notarization.**

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
Day (#) Month Year

\_\_\_\_\_  
Signature of Account Owner/Custodian/Authorized Representative of Entity

State of \_\_\_\_\_, County of \_\_\_\_\_

This instrument was acknowledged before me

physical presence     online notarization

on \_\_\_\_\_  
Date (mm/dd/yyyy)

by \_\_\_\_\_  
Name of person (First and last)

My term expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

**Notary Public (Seal)**

\_\_\_\_\_  
Signature of Notary Public

## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [wastate529.wa.gov](http://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