



# Manage Monthly Contributions Form

## Important information about this form:

- Fill out this form to setup, remove, or replace recurring monthly contributions to your DreamAhead College Investment Plan (“the Plan”) account.
- You must have an open account to use this form. If you need to sign up, go online to [wastate529.wa.gov](http://wastate529.wa.gov) or use an **Enrollment Form** before completing this form.
- Make sure you use black ink. Type or print clearly in capital letters.

### Have more portfolios you want to contribute to?

Sign in online to make additional contributions at [wastate529.wa.gov](http://wastate529.wa.gov)

## 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 Instructions

- Stop all monthly contributions to this account (skip to **Step 5**)
- Replace all monthly contributions to this account (complete **Steps 3, 4, and 5**)
- Create a new monthly contribution to this account (complete **Steps 3, 4, and 5**)

You can create, stop or replace individual monthly contributions from your online account.

## 3 Monthly Contribution Setup

Tell us how much you want to contribute to your account each month. There is a \$5 minimum contribution. Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

_____ Code	_____ Portfolio name	\$ _____ , _____ . _____ Amount
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_____ <b>Contribution Day</b> (1 – 28)*		\$ _____ , _____ . _____ <b>Total contribution amount</b>

If you don't pick a date, we'll automatically deduct your contribution on the 1st of every month.

\*A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.

## 4 Bank account information (Optional)

Attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the 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

Bank account type     Checking     Savings

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### Name on bank account

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

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### Bank Account Holder Signature

(If different from DreamAhead Owner/Custodian)

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Bank name

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Bank routing number

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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	

## 5 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected Stop all monthly contributions to this account, or Replace all monthly contributions to this account:
  - I understand that all currently active monthly contributions to this account will be cancelled.
  - I understand that my request will become effective once processed by the Plan and that the Plan must receive my request at least three business days before I want it to become effective.
- If I selected Create a new monthly contribution to this account, or Replace all monthly contributions to this account:
  - I understand this authorizes the Plan to initiate recurring ACH debits (direct withdrawals) from my bank account up to two business days prior to the Contribution Day each month for the total contribution amount.\*
  - I may cancel these recurring ACH debits (direct withdrawals) by using this form or by cancelling them through my online account.

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Signature of Account Owner/Custodian

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Date (mm/dd/yyyy)

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## 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