



Authorization to Access Account Information Form

Important information about this form:

- Use this form to authorize your “Financial Advisor” (registered investment adviser, registered investment advisory firm and/or broker-dealer) to view certain information about your account and download account information (like statements and tax forms) through a data inquiry tool provided by the DreamAhead College Investment Plan (“the Plan”).
- This form will not allow your Financial Advisor to make changes to your account or enter account transactions on your behalf.
- 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
(Your account number may be 12 or 13 digits)

2 Financial Advisor information

This will allow your "Financial Advisor" (registered investment advisor, registered investment advisory firm and/or broker-dealer) to have limited access to your account, and/or to view certain information about your account, through an online data inquiry tool provided by the Plan.

Name of Financial Advisor (First and last)

Registered Investment Advisory Firm or Broker-Dealer name

____ - ____ - _____
Telephone number

Financial Advisor email

Street address 1

Street address 2

City

State

____ - ____ - _____
ZIP Code

Financial Advisor Identification

Financial Advisors must add the following information to gain access to the account. This step should be completed by your Financial Advisor.

Dealer Number, FINRA CRD or State Issued License Number

Branch number (if applicable, otherwise leave blank)

Representative number or Last four digits of SSN

3 Sign the form

By signing below, I acknowledge and agree to the following:

- I authorize my Financial Advisor to view certain information about me and my account, including personally identifiable information, using a data inquiry tool provided by the Plan.
- The data inquiry tool provided by the Plan may give my Financial Advisor the ability to download my account information, but will not allow him/her to make changes to my account or enter account transaction requests on my behalf.
- I hereby agree to indemnify and hold harmless the Plan and the Plan's service providers from any losses that I, my Financial Advisor, the Plan, or the Plan's service providers incur as a result of acting on the authorization instructions provided in this form, including, but not limited to any losses that may result from inaccurate information about my account viewed through the use of the data inquiry tool provided by the Plan.
- This authorization remains in effect until I revoke it in writing and the revocation is received, in good order, by the Plan.
- I acknowledge and agree that this service is provided only as a convenience for brokers and advisors, the Plan and its service providers are not responsible or liable for any information provided through the data inquiry tool, and that this tool may change or no longer be available if the Plan changes data inquiry tools.
- I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent and agree to all the terms and conditions of the Program Details Booklet.

Signature of Account Owner/Custodian/Authorized Representative of Entity

Date (mm/dd/yyyy)

4 Notarization acknowledgement

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 Washington, 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