IDeal – Idaho College Savings Program

Account Features Form

- Use this form to add, change, or delete Recurring Contributions and Bank Information to your IDeal Account.
- For faster processing, you can complete this request online at **www.idsaves.org**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.

Forms can be downloaded from our website at **www.idsaves.org** or you can call us to request any form or for assistance in completing this form – at **1.866.433.2533** any business day from 6 a.m. to 6 p.m., Mountain Time.

1.866.433.2533
Monday to Friday 6 a.m. - 6 p.m. MT

www.idsaves.org

Regular mailing address:
IDeal – Idaho College Savings Program
P.O. Box 219944
Kansas City, MO 64121

Overnight mailing address:
IDeal – Idaho College Savings Program
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner Information

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Account Number(s) *(To list more than six Accounts, use a separate sheet.).*

Account Owner *(First name)* *(M.I.)*

Account Owner *(Last name)*

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Telephone Number

* I D A C C O U N T F E A T U R E S *

2. Recurring Contribution/Bank Update

- Complete this section to add, change, or delete a Recurring Contribution from your bank account.
- You can also add, change, or delete a Recurring Contribution by accessing your Account online at **www.idsaves.org**.
- To add Recurring Contribution instructions or multiple bank accounts, complete and include **Section 2A** and **Section 3** for each Account and/or instructions.
- Recurring Contributions will be unavailable for distribution for 8 Business Days.
- Your contribution will be allocated according to the standing allocation(s) on your Account.

A. ☐ **Recurring Contribution.** You can transfer money from your bank account to your IDeal Account on a set schedule. *(Check all that apply.)*

☐ Add this option to my Account. *(Provide the information below and in **Section 3**.)*

☐ Change the investment amount, frequency, and/or debit date on my existing Recurring Contribution. *(Provide the new amount and/or debit date below.)*
Note: If you wish to skip a scheduled Recurring Contribution, please call **1.866.433.2533**.

☐ Change the bank account information currently being used for my existing Recurring Contribution. *(Provide the information in **Section 3**.)*

☐ Delete this option.

Amount of Debit: **$** ☐☐☐,☐☐☐.**0 0**
Amount *($25 minimum)*

Frequency *(Select one.)*: ☐ **Monthly** *($25 minimum)* ☐ **Quarterly** *($75 minimum)*

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm-dd-yyyy)*

* Your bank account will be debited on this date and your investment will be credited to your IDeal Account on the previous business day. If you indicate a start date that is within he first four (4) days of the month, there is a chance that your investment will be credited on the last business day of the previous month. If you do not indicate a start date, your bank account will be debited on the 20th. See the Disclosure Statement for further information.

B. ☐ **Add Bank.** Add bank information on file, complete **Section 3.** We will keep your bank instructions on file for future EFT contributions and/or withdrawals.

3. Bank Information

- Complete this section if you are adding a Recurring Contribution to your Account or if you are changing your bank account information.
- Recurring Contributions can be made only through accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House *(ACH)* network. Money market mutual funds and cash management accounts offered through non-bank financial companies cannot be used.
- This bank account information will be available across all beneficiaries within the same account string.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Registration *(Name on bank account)*

Bank Name

☐☐☐☐☐☐☐☐☐ Bank Routing Number

☐☐☐☐☐☐☐☐☐☐☐☐ Bank Account Number

Account Type *(Check One.)* ☐ Checking ☐ Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

4. Signature — YOU MUST SIGN BELOW

- I certify that I have read and understand, consent, and agree to all the terms and conditions of the IDeal Disclosure Statement as they relate to adding, deleting, or changing financial features.
- By signing below, I authorize IDeal or its designee to add, delete, or change financial features according to the instructions above.
- If I have added or changed banking information in **Section 3**, I certify that I have authority to transact on the bank account so indicated.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request. If the Account is funded with UGMA/UTMA assets, I further certify that I am the parent/guardian/custodian of the Account identified in **Section 1**.
- I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through **www.idsaves.org** provided your banking information has been on file for a minimum of 30 days. Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.
- If I have chosen the recurring contribution, I authorize the Program Manager (as defined in the Disclosure Statement), upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. I further agree that the Plan Officials (as defined in the Disclosure Statement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank has had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

➤ SIGNATURE

Signature of Account Owner

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Date *(mm/dd/yyyy)*

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