

Brighter Future Advisor Plan

Account Application
for Clients of Broker Dealer Representatives

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

We may also ask to see other identifying documents. We may use third parties to obtain and verify this information. We may not be able to establish an account or we may close your existing account and/or redeem your shares involuntarily, if you do not provide sufficient information within the relevant time periods.

- In order to participate in the Brighter Future Advisor Plan, you must enroll through a financial advisor. Clients of Broker Dealer Representatives should use this application to establish an account in the Brighter Future Advisor Plan in either Class A or Class L Units. If you are a client of a Registered Investment Advisor ("RIA"), there is a different application to use.
- Your initial lump sum contribution to open an Brighter Future Advisor Plan account must be at least \$500.00.
- You can contribute as little as \$50 per month (or \$150 per quarter) through recurring contributions (Formerly known as Automatic Investment Plan (AIP)).
- If your employer offers it, you may also contribute through payroll direct deposit (\$25 minimum per pay period).
- Print clearly, preferably in capital letters and black ink.
- **Section 5** must be completed by your Broker Dealer Representative in order for this application to be processed.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form—or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan
P.O. Box 219700
Kansas City, MO 64121-9700

For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account type

- ☐ **Individual 529 Account.** I am opening a new Brighter Future Advisor Plan account. *(Check this box if you are opening an account with check/EBT/recurring contributions, or as a rollover from a Coverdell, U.S. Savings Bond, or another 529 plan account.)*
- ☐ **Transfer from UGMA/UTMA.** I am liquidating assets from a Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA) custodial account to open an Brighter Future Advisor Plan account.
- ☐ ☐ Indicate the U.S. state (by using its abbreviation) in which the UGMA/UTMA custodial account was opened.
- ☐ **Trust Account.** I am opening an Brighter Future Advisor Plan account as a trust. (You must include copies of the first and last pages of the trust—sometimes called the "execution pages"—containing the name of the trust, the date of the trust, and the signatures of the trustees.)
- ☐ **Other Entities.** I am opening an Brighter Future Advisor Plan account as a Non-Profit, Scholarship, or State/Local Government agency. (You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity Account Owner, and the authorization of the establishment of the Authorized Signer.)



2. Account Owner information *(The account owner is the person who owns and controls the account. This person must be at least 18 years old.)*

Legal Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date/Trust Date (mm/dd/yyyy) **(Required)**

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Daytime Telephone Number

Evening Telephone Number

Email Address

Permanent Street Address (A P.O. box or rural route number is **not** acceptable.)

City State Zip Code

Account Mailing Address if Different From Above *(This address will be used as the account's address of record and for all account mailings.)*

City State Zip Code

3. Designated Beneficiary Information *(The designated beneficiary is the future student.)*

Name (first, middle initial, last)

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date/Trust Date (mm/dd/yyyy) **(Required)**

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

4. Successor Account Owner information *(optional)*

- The successor account owner will take over control of the account in the event of the account owner's death or incapacity.
- You may revoke or change the successor account owner at any time. See the Program Description for more information.
- The person you designate as successor account owner must be at least 18 years old, and must be a U.S. citizen or resident alien.

Name of Successor Account Owner (first, middle initial, last) **(Required)**

Birth Date/Trust Date (mm/dd/yyyy) **(Required)**

5. Broker Dealer Representative Information *(This section must be completed by your Broker Dealer Representative in order for the application to be processed.)*

First-time Plan Advisors: To confirm account opening as well as set up online advisor access to this account, please call 888-529-9552 and select option 3, to be connected to the Brighter Future Advisor Plan Client Services desk.

Firm Name

Financial Advisor Name *(first, last)*

Branch Number *(if applicable)*

Advisor ID Number/IRD Number

BIN# *(if applicable)*

Matrix Level

Mailing Address

City

State

Zip Code

Daytime Telephone Number

Authority to Broker Dealer Representative

By signing below, I as the Broker Dealer Representative indicated above, understand and agree that I may be authorized to receive confirmations and statements, initiate contributions, perform investment option changes, make qualified withdrawals, inquire, and have access to the Account in the Brighter Future Advisor Plan established on behalf of the Account Owner listed on this Account Application. I will not be permitted to change the Account Owner, Beneficiary, Successor Account Owner, firm, or Broker Dealer Representative. I will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the Account. I will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the Account. The authority granted to me herein may be terminated at the discretion of the Brighter Future Advisor Plan and its authorized representatives.

SIGNATURE

Authorized Signature

- -

Date (mm/dd/yyyy)

6. Sales charge discount or waiver for Class A Units *(If Applicable)*

- To qualify for a sales charge reduction, you must notify the Brighter Future Advisor Plan.
- Check all that apply.

A. ☐ **I am eligible for a sales charge waiver** under the terms of the Program Description because I am employed by, or related to someone employed by:

Legal Name *(first, middle initial, last)*

Qualifying Employer's Name

Relationship ☐ Self ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Officer, Director, or Trustee
☐ Parent ☐ Grandparent ☐ Grandchild ☐ Dependent of the Person

B. ☐ **Rights of Accumulation (ROA).** Check this box if you or an immediate family member owns units in the Brighter Future Advisor Plan that are eligible to be combined for a reduced sales charge. Include the account number(s) and market value(s) below. Please see the Program Description for additional information. **Note:** To list more accounts, use a separate sheet.

Legal Name of Family Member *(first, middle initial, last)*

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Account Number

C. ☐ **Letter of Intent.** I intend to make additional purchases into Class A Units in the Brighter Future Advisor Plan and understand that I can reduce my sales charges through accumulated investments. Please see the Program Description for additional information. I plan to invest over a 13-month period following the date of receipt of this application an aggregate amount of at least:

☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000

☐ I am already investing under an existing **Letter of Intent:**

Account Number

D. ☐ **Purchase at NAV:** I certify that I qualify for a sales charge waiver for the following reason:

State reason - see the Program Description for available reasons

7. Investment Selection *(Required)*

- Before choosing your investment and share class, refer to the Brighter Future Advisor Plan Program Description, (also available at www.BrighterFutureAdvisor529.com) for complete information about the investments offered.
- You must allocate at least 1% of your contribution to each investment that you choose. Use whole percentages only.
- Your investment percentages must total 100%.
- Choose from Share Class A or Share Class L options.

iShares Year-of-Enrollment Portfolios:

iShares College Portfolio

iShares 2027 College Portfolio

iShares 2030 College Portfolio

iShares 2033 College Portfolio

iShares 2036 College Portfolio

iShares 2039 College Portfolio

iShares 2042 College Portfolio

Percentage

 % % % % % % %

Select Share Class (Required)

Class A ☐Class L ☐

iShares Asset Allocation Portfolios:

iShares Aggressive Portfolio

iShares Moderate Portfolio

iShares Conservative Portfolio

iShares Fixed Income Portfolio

 % % % %

Custom iShares Portfolios:

Shares Russell 1000 Portfolio

iShares Russell 2000 Portfolio

iShares Core S&P Total U.S. Stock Market Portfolio

iShares Core High Dividend Portfolio

iShares Core U.S. REIT Portfolio

iShares Core MSCI EAFE Portfolio

iShares MSCI Emerging Markets ex-China Portfolio

iShares Edge MSCI Min Vol Emerging Markets Portfolio

iShares Core U.S. Aggregate Bond

iShares TIPS Bond Portfolio

iShares 20+ Year Treasury Bond Portfolio

iShares Short Treasury Bond Portfolio

iShares 1-5 Year Investment Grade Corp Bond Portfolio

iShares iBoxx \$ Investment Grade Corporate Bond Portfolio

iShares iBoxx \$ High Yield Corporate Bond Portfolio

 % % % % % % % % % % % % % % %

Savings Portfolio

Savings Portfolio

 %

TOTAL

 %

8. Contribution Method

- Your initial lump sum contribution to open an Brighter Future Advisor Plan account must be at least \$500.00.
- You can contribute as little as \$50 per month (or \$150 per quarter) through recurring contributions.
- If your employer offers it, you may also contribute through payroll direct deposit (\$25 minimum per pay period).
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate boxes for each source and fill out each contribution amount. For the portion of combined contributions that are not made through a direct or indirect rollover (see below), check either the “Check,” “Electronic Bank Transfer,” or “recurring contributions” box and indicate the amount of the non-rollover portion of the contribution.

Source of funds (Check all that apply.)

A. ☐ Check. Important: All checks must be payable to **Brighter Future Advisor Plan.**

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Amount

B. ☐ Electronic Bank Transfer (EBT). You can make a contribution whenever you want by transferring money from your bank account. To set this up, you must provide banking information in **Section 10**.

\$.. This amount will be a one-time EBT contribution to open your account.

Amount

C. ☐ Recurring contributions. You can have a set amount automatically transferred from your bank account on the frequency you specify. To set this up, you must complete **Section 9 and Section 10**.

\$, .

Amount

D. ☐ Direct rollover from another 529 plan or Education Savings Account (ESA) to the Brighter Future Advisor Plan. By law, rollovers between 529 plans with the same designated beneficiary are permitted only once every 12 months. *Complete and attach an **Incoming Rollover Form**, which can be found online at **www.BrighterFutureAdvisor529.com** or by calling **1.888.529.9552**.*

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Amount (estimated)

E. ☐ Indirect rollover from an ESA, qualified U.S. savings bond, or another qualified 529 plan. You can transfer money from one of these options to your bank account and, from there, to the Brighter Future Advisor Plan. Such indirect rollovers require certain documentation described below. **Note:** If you do not provide this documentation, the entire amount will be considered earnings and may be taxable.

- **Indirect rollover from another qualified 529 plan or an ESA**—Enclose documentation from the distributing financial institution showing contributions and earnings.
- **Indirect rollover from qualified U.S. savings bonds**—Attach a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid as of the redemption date.

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Contributions

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Earnings

Checking Savings

11. Dollar Cost Averaging Program *(optional)*

- Complete this section if you want to regularly transfer a fixed-dollar amount from one designated investment option selected above in **Section 7** to one or more other investment options on regular basis.
- By selecting this feature, you authorize the Brighter Future Advisor Plan to exchange money automatically from one designated investment option in the Brighter Future Advisor Plan (Source Investment Option) to one or more other investment options in the Brighter Future Advisor Plan either monthly or quarterly. The minimum exchange amount is \$200. The minimum balance in the Source Investment Option portfolio must be \$2,400 in order to implement this program.

Note: If the Dollar Cost Averaging Program is established at the time the new Account is opened it will not count towards your two allowable investment exchanges per calendar year. However, if you make any changes to your Dollar Cost Averaging Program selections, or terminate your Dollar Cost Averaging Program, that will count towards your two allowable investment exchanges per calendar year. Establishing a Dollar Cost Averaging Program when you make a new investment to an existing investment option that has already been established for your Account or implementing a Dollar Cost Averaging Program to existing Account assets will count towards your two allowable investment exchanges per calendar year.

Frequency: *(Check one.)* ☐ **Monthly** ☐ **Quarterly***

* Based upon established date, not a calendar quarter.

Start Date:**

— —
Date (mm/dd/yyyy)

End Date:**

— —
Date (mm/dd/yyyy)

Day of Allocation Exchange:

(dd)

Stop Type:

(Check one)

☐

Complete Portfolio Balance

☐

Specify Total Exchange Amount
(If less than complete Portfolio balance)

☐

Stop Date

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(\$2,400 minimum)

— —
Date (mm/dd/yyyy)

I authorize the Brighter Future Advisor Plan to exchange from the following Source Investment Option:

** The Brighter Future Advisor Plan must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the start date is not specified, the Dollar Cost Averaging Program will begin the month following the receipt of this request, on the 10th day of the month, and continue until the specified end date, until otherwise instructed, or until funds in the Source Investment Option Portfolio are depleted.

Source Investment Option

\$.
Amount***

To the following Investment Option(s)

Investment Option

\$.
Amount***

Investment Option

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Amount***

Investment Option

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Amount***

Investment Option

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Amount***

*** Please specify only dollar amounts, not percentages

12. Authorization — YOU MUST SIGN BELOW

By signing below, I hereby apply for an account in the Brighter Future Advisor Plan. I certify that:

- I have received the Brighter Future Advisor Plan Program Description and Participation Agreement, which contains the Privacy Statement of Ascensus Broker Dealer Services, LLC. I understand that the Brighter Future Advisor Plan may from time to time amend the Program Description and Participation Agreement, and I agree I will be subject to the terms of those amendments by signing this New Account Application for clients of Broker Dealer Representatives. I understand that the Account Application shall be construed, governed, and interpreted in accordance with the laws of the State of Arkansas.
- Except as set forth below, I understand that the Program Description, Participant Agreement and any supplement to the Program Description constitute the entire agreement between the account owner and the Brighter Future Advisor Plan. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal and state income and penalty taxes as a consequence of certain activities, including terminating my account or changing my designated beneficiary to an ineligible person. (Account owners should seek advice from a qualified tax advisor).
- I understand that my Account in the Brighter Future Advisor Plan is not insured by the State of Arkansas or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Arkansas, the Committee or any other governmental entity, the Trust, the Program Manager, BlackRock Fund Advisors, Sallie Mae Bank, or any of their affiliates (*each, as defined in the Program Description and Participation Agreement*). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in the Brighter Future Advisor Plan that is insured by the Federal Deposit Insurance Corporation up to \$250,000, the maximum amount set by federal law. I understand that there is no assurance that my Account under Brighter Future Advisor Plan will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (*except for the Savings Portfolio as described in the Program Description and Participation Agreement*).
- If I have chosen recurring contributions or EBT option, I authorize the Brighter Future Advisor Plan and Ascensus Broker Dealer Services, LLC, 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 10**. I authorize the bank to accept any such credits or debits to my account without responsibility to their accuracy. I further agree that the Plan Officials (*as described in the Program Description and Participation Agreement*) 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 Brighter Future Advisor Plan, and the bank by telephone or in writing, and that the termination request will be effective as soon as the Brighter Future Advisor Plan, and the bank have 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 10**.
- If I have chosen the Dollar Cost Averaging Program, I authorize the regular exchange of assets in my account as directed above from the Source Investment Option identified above to the investments option(s) selected above in the Dollar Cost Averaging Program.
- I understand by signing this New Account Application for clients of Broker Dealer Representatives, I am authorizing Ascensus Broker Dealer Services, LLC or its affiliate to provide my financial advisor with access to my account and to perform transactions on my behalf. I agree to hold harmless the Brighter Future Advisor Plan, the State of Arkansas, Ascensus Broker Dealer Services, LLC, BlackRock Inc., Sallie Mae Bank and their respective agents, employees and affiliates from any losses I incur as a result of the acts or omissions of my Broker Dealer Representative.
- **I agree to the terms of the predispute arbitration clause as described in the Arbitration section of the Participation Agreement included in the Program Description.**
- I certify that the information provided on this form is true and accurate in all material respects, that Ascensus Broker Dealer Services, LLC, BlackRock, Inc. and their respective affiliates are entitled to rely on the information provided herein and the instructions provided on this form, and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the Brighter Future Advisor Plan.

SIGNATURE

Signature of Account Owner/Custodian/Guardian/Trustee

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Date (mm/dd/yyyy)

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