

529 Plan Account Application

Account Number -

STEP 1. 529 PLAN SELECTION

- CollegeAmerica® (American Funds)
 John Hancock Freedom 529
 Tomorrow's Scholar® 529*:
 Check here if you choose to exempt account from rolling to the next age band (age based fund roll exempt)

*Plans may consider a change to this election after initial account opening to be a strategy change. Check the applicable program description for more details

USE THE SIGNATURE SECTION IN STEP 4 ASSOCIATED WITH THE 529 PLAN YOU SELECTED.

STEP 2. ACCOUNT REGISTRATION

Type of Account Individual Account Transfer from UTMA/UGMA Account Trust Account

Account Owner/Account Holder

The sole individual or trust establishing and controlling the 529 Plan Account.

Name of Owner/Holder, Trustee, or Custodian		
Social Security or Tax ID Number	<input type="text"/>	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (no P.O. box)		
City	State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Citizenship		
<input type="text"/>		

TRANSFERS FROM AN UTMA/UGMA ACCOUNT MAY HAVE TAX CONSEQUENCES. THE ACCOUNT WILL BE REGISTERED AS A 529 PLAN ACCOUNT FUNDED WITH UTMA/UGMA ASSETS, WHICH INVOLVES ADDITIONAL RESTRICTIONS. IN THE "BENEFICIARY" SECTION, YOU MUST PROVIDE THE AGE OF MAJORITY AND STATE WHERE THE UTMA/UGMA ACCOUNT IS CURRENTLY HELD.

Trust Information (if applicable)

Trust Name		
Social Security or Tax ID Number of Trust	<input type="text"/>	Date of Trust
<input type="text"/>	<input type="text"/>	<input type="text"/>

IF THE ACCOUNT IS FUNDED WITH UTMA/UGMA ACCOUNT ASSETS, ENTER THE NAMES OF THE ADULT CUSTODIAN AND THE CHILD ON THE "NAME" LINE (FOR EXAMPLE, "JOHN DOE, CUSTODIAN FOR ROBERT DOE").

Beneficiary

The person on whose behalf the Account is opened and who is intended to receive its benefits for the purpose of higher education.

Name		
Social Security or Tax ID Number	<input type="text"/>	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (no P.O. box)		
City	State	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Citizenship	Relationship to Account Owner	
<input type="text"/>	<input type="text"/>	

IF UTMA/UGMA FUNDED, PROVIDE THE NAME OF THE BENEFICIARY OF THE UTMA/UGMA ACCOUNT.

Successor Owner/Successor Account Holder

Successor Owner/Holder will become the owner of the Account in the event the Account Owner/Holder dies or becomes legally incompetent.

THE SUCCESSOR OWNER/HOLDER CANNOT BE THE SAME PERSON AS THE ACCOUNT OWNER/HOLDER (NOT APPLICABLE TO TRUST ACCOUNTS), AND CANNOT BE NAMED FOR AN ACCOUNT FUNDED WITH UTMA/UGMA ACCOUNT ASSETS.

Name		
Social Security or Tax ID Number		Date of Birth
Address (no P.O. box)		
City	State	Zip/Postal Code
Country of Citizenship	Relationship to Account Owner	

STEP 3. SOURCE OF 529 FUNDING

Enclosed is a check for \$ _____

AND/OR

This Account is being funded by a rollover or transfer from another 529 Plan, an UTMA/UGMA account, a Coverdell Education Savings Account or a qualified U.S. savings bond.

UTMA/UGMA Account:

State where established _____ Age of majority to be used _____ (if applicable)

Other **Qualified Tuition Program** (529 Plan including a 529 funded with UTMA/UGMA account assets)*

Coverdell Education Savings Account (formerly Education IRA)*

Qualified U.S. Savings Bond* (specify series): Series EE Series I

* You must provide a statement from your prior institution showing basis and earnings of the funds being transferred. If you do not provide the documentation, the entire amount will be treated as earnings in computing the earnings portion of any future withdrawal from the Account. Please refer to the Program Description/Plan Disclosure Document.

Transfer of an existing 529 Plan account

Other (ACH, Federal Fund Wire, or other cash transfers): _____

ADDITIONAL DOCUMENTATION MAY BE REQUIRED.

This space intentionally left blank.

STEP 4. SIGNATURES

CollegeAmerica Account Owner Signature

CollegeAmerica® is sponsored by the Virginia College Savings PlanSM, managed by American Funds®.

I hereby establish a CollegeAmerica Account ("Account") with the Virginia College Savings Plan managed by American Funds through my financial institution and maintained with Pershing LLC, and acknowledge that I have received, read and agree to the terms set forth in the CollegeAmerica Description ("Program Description"), the prospectus(es) of the fund(s) selected and this application, as these documents may be modified from time to time. I authorize the instructions set forth in this application. I agree to hold harmless and indemnify the Virginia College Savings Plan; American Funds Service Company (AFS); any of its affiliates or mutual funds managed by such affiliates; my financial institution and Pershing LLC; and each of their respective directors, trustees, officers, employees and agents from any losses, expenses, costs or liability (including attorney fees) that may be incurred in connection with these application instructions.

I authorize the registered representative assigned to my Account to have access to my Account and to act on my behalf with respect to my Account. I certify that I, as well as the Beneficiary and the Successor Owner named in this application, are either U.S. citizens or legal residents.

I understand that to comply with federal regulations, information provided on this application will be used to verify my identity. For example, my identity may be verified through the use of a database maintained by a third party. If my financial institution is unable to verify my identity, I understand it may need to take action, possibly including closing my Account and redeeming the shares at the current market price and that such action may have tax consequences, including a tax penalty.

CollegeAmerica Account Owner (or parent/guardian if Owner is a minor)

Print Name	Date
Signature	<input type="text"/> - <input type="text"/>

X

PLEASE READ STEP 4 CAREFULLY, THEN SIGN AND DATE FORM. RETURN THE COMPLETED FORM TO YOUR INVESTMENT PROFESSIONAL.

Registered Principal

Print Name	Date
Signature	<input type="text"/> - <input type="text"/>

X

STEP 4. SIGNATURES

John Hancock Freedom 529 Account Holder Signature

I am applying for an Account in John Hancock Freedom 529 (Plan) with my Advisor, and maintained with Pershing LLC (Pershing). I consent and agree to all the terms and conditions of the Plan Disclosure Document, including all fees and expenses, the Education Trust of Alaska ("Trust"), Declaration of Trust ("Declaration") and the Plan, all of which are expressly incorporated by reference herein. Capitalized terms used but not defined in this 529 Plan Account Application (Application) have the meanings specified in the Declaration. I acknowledge and agree that this Application and incorporated documents will govern all aspects of my participation in the Plan. For a copy of the complete Declaration and incorporated documents, please contact your Advisor. I further acknowledge that this Agreement shall be construed, governed and interpreted in accordance with the laws of the State of Alaska.

The Plan Disclosure Document outlines the features of John Hancock Freedom 529. I have read and understand the Plan Disclosure Document. I represent that the information I have provided in this 529 Plan Account Application is accurate. I agree to hold harmless the Trust, the Trustee, John Hancock Freedom 529, the Program Manager, its agents and affiliates, and the University of Alaska and its affiliates and employees for any losses arising from any misrepresentations made by me or breach of acknowledgements contained in this Application, as described in Section 6.15 of the Declaration. I agree that the Plan can freeze my Account(s) and suspend Account services when notice has been received of a dispute involving the Account Holder, Beneficiary or Custodian, or there is reason to believe a fraudulent transaction may occur. If such actions are taken, the Trust, University, Program Manager (including its affiliates and agents) John Hancock Distributors LLC (including its affiliates and agents), and Pershing will not be liable for any resulting losses.

The Alaska College Savings Act requires that the name, address and other information identifying a person as an Account Holder or Beneficiary in the Trust be confidential. The Declaration provides that this information must not be released by the Trust or the Program Manager to other persons except as specified in the Declaration, such as in connection with servicing or maintaining your Account, may be permitted or required by law (e.g.: USA Patriot Act), or in accordance with your consent. I hereby authorize the Trust and the Program Manager to release such information in accordance with the Privacy Policy of the Plan as may be amended from time to time, including disclosure to regulatory agencies, authorized auditors and compliance personnel when necessary and appropriate for regulatory, audit or compliance agency purposes and to third parties for performance of administrative and marketing services relating to the Plan. I authorize Pershing to release information to the Trust and the Program Manager concerning my Account. The Trust may

in the future use the information collected about you to identify and send you, the Account Holder, information about savings or investment programs offered by the Trust (or in conjunction with a third party), or information about higher education at the University of Alaska. I understand that I may contact my Advisor if I do not wish to receive such information.

Notwithstanding the foregoing, as required by the USA Patriot Act, all financial institutions must obtain, verify and record information that identifies each person who opens an Account (and any person opening an Account on behalf of the Account Holder, such as a Custodian, agent, trustee or officer). I acknowledge and authorize the Trust and/or the Program Manager (or any other entity designated by it to provide services) to verify my identity, and if applicable, the identity of any person opening an Account on behalf of the Account Holder using the name, street address, date of birth, taxpayer identification number and any other identifying information provided in this Application.

If I am executing this Application on behalf of a minor Account Holder, I certify that I am of legal age in my state of residence and am legally authorized to act on behalf of such minor.

If I am funding this Account with proceeds from the sale of assets held in an UGMA/UTMA, the Beneficiary and Account Holder identified in this Agreement are the same as the minor on the prior UGMA/UTMA Account. If I am funding this Account from a prior 529 plan distribution for the same Beneficiary, there have been no other rollovers for the same Beneficiary in the previous 12 months. Any future contributions to this Account that are rollovers from a Coverdell Education Savings Account, qualified U.S. Savings Bond or a prior 529 plan distribution will be disclosed as such and the applicable earnings and basis information will be provided.

I authorize John Hancock Freedom 529, the Program Manager, or any other entity designated by it to provide services, the Trust and Pershing to act on any instructions believed to be genuine and from me for any service authorized in this New Account Agreement, including telephone/computer services. The Program Manager, the Trust and Pershing use procedures designed to verify the authenticity of the Account Holder or Custodian. If these procedures are followed, John Hancock Freedom 529, John Hancock Distributors LLC, the Program Manager, the Trust, and Pershing will not be liable for any loss that may result from acting on unauthorized instructions. I understand that anyone who can properly identify my Account(s) can make telephone/computer transactions on my behalf.

By having John Hancock Freedom 529 accept delivery of this Application, executed by me and in good order, I acknowledge that I am bound in accordance with the terms and conditions of the Trust.

By signing this Application, I hereby certify that I have read and agree to the terms indicated on this page.

John Freedom 529 Hancock Account Holder

Print Name	Date
Signature	<input type="text"/>

PLEASE READ STEP 4 CAREFULLY, THEN SIGN AND DATE FORM. RETURN THE COMPLETED FORM TO YOUR INVESTMENT PROFESSIONAL.

Registered Principal

Print Name	Date
Signature	<input type="text"/>

STEP 4. SIGNATURES

Tomorrow's Scholar Account Agreement and Signature(s)

By signing this application, I hereby apply for a Tomorrow's Scholar account. I certify that I am opening the account to provide funds for the qualified higher education expenses of the designated Beneficiary. I have received and have read and agree to the terms set forth in the Program Description and Participation Agreement and will retain a copy of this document for my records. I have had the opportunity to consult with a financial and/or legal advisor before signing this application. I understand that my account may be subject to a \$25 nonresident annual maintenance fee for each Investment Option selected unless qualifying for a waiver as disclosed in the Program Description and Participation Agreement.


I acknowledge that I am required to provide certain personal information, which will be used to verify my identity, and that my account may not be opened if I do not provide this information. I further acknowledge that Voya reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity. I represent that I am of legal age and have legal capacity to make this purchase.

I agree that Voya, Pershing LLC, and Tomorrow's Scholar are not responsible for suitability of investment recommendations or transactions initiated by the financial advisor on my behalf. I further agree to indemnify and hold Voya and Pershing LLC harmless from acting upon any transactions on my Tomorrow's Scholar account resulting from verbal, written, or electronic instructions that Voya and Pershing LLC reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that my FA receives compensation when I invest through a Tomorrow's Scholar account and that I may incur an additional annual fee based on the value of my account.

I certify that the information I have provided on this application—and all future information I will provide with respect to my Tomorrow's Scholar account—is true, complete, and correct. I authorize Voya and Tomorrow's Scholar to open and maintain the account(s) based on this information.

Signature of Account Owner, Trustee or Custodian (Individual or UGMA/UTMA Accounts)

Print Name (and Title, if applicable)	Date <input type="text"/> - <input type="text"/>
Signature 	

PLEASE READ STEP 4 CAREFULLY, THEN SIGN AND DATE FORM. RETURN THE COMPLETED FORM TO YOUR INVESTMENT PROFESSIONAL.