

# Account Services Form

Use this form if you or the Designated Beneficiary are a resident of Alabama, and you are not working with a financial advisor.

CollegeCounts™

529 FUND

Use this form to update your mailing address and/or phone number, change your bank account information, or establish an automatic investment plan (AIP) for existing accounts. You must complete Section 1 and all other relevant sections. Please print clearly in blue or black ink and in all capital letters.

## 1. Provide current account information

|   |                          |                      |
|---|--------------------------|----------------------|
| <input type="text"/>                        | <input type="checkbox"/> | <input type="text"/> |
| Account Owner's Name (Individual or Entity) | M.I.                     | Last Name            |
| <input type="text"/>                        |                          |                      |
| Social Security or Taxpayer ID Number       |                          |                      |
| <input type="text"/>                        | <input type="checkbox"/> | <input type="text"/> |
| Designated Beneficiary's First Name         | M.I.                     | Last Name            |
| <input type="text"/>                        | <input type="checkbox"/> |                      |
| Social Security Number                      | Applied for              |                      |

## 2. Designate new address or telephone information

Complete this section to update the address or phone number on your account(s) with the information you provide here. If you prefer, you may update your address online at [collegecounts529.com](http://collegecounts529.com). **Please note: any change you make in this section will be applied to all of your CollegeCounts Fund accounts for the Designated Beneficiary you named in Section 1.**

### A. Please update the account owner information:

|                          |                      |                      |
|--------------------------|----------------------|----------------------|
| <input type="text"/>     |                      |                      |
| Street Address           |                      |                      |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> |
| City                     | State                | Zip Code             |
| <input type="text"/>     |                      |                      |
| Daytime Telephone Number |                      |                      |

### B. Please update the designated beneficiary information:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> |                      |                      |
| Street Address       |                      |                      |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City                 | State                | Zip Code             |

### 3. Add or update your bank account information

Complete this section to add or change existing bank account information. **Please note: if you have an AIP set up under your former bank account, we will continue the AIP feature and start taking automatic contributions from the new account.** Please include a preprinted voided check or preprinted deposit slip. **A signature guarantee is required.** See Section 6.

Type of Bank Account     Checking     Savings

Name(s) on Bank Account

Name of Financial Institution

ABA Routing Number

Bank Account Number

Tape A Voided Check Or Deposit Slip (as applicable) Here.

Indicate the CollegeCounts 529 Fund account(s) affected by this update:

- Apply bank account change to all of the CollegeCounts 529 Fund accounts set up for the Designated Beneficiary indicated in Section 1.
- Apply only to the CollegeCounts 529 Fund accounts indicated below (refer to your latest statement for the portfolio and account numbers):

| Portfolio Number     | Account Number       |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |



### 5. Systematic Exchange Plan (optional)

Regularly exchange a predetermined amount from one CollegeCounts 529 Fund portfolio and reinvest it into another CollegeCounts 529 Fund portfolio of the same registration.\*

Please check with your financial advisor concerning the tax consequences of all securities transactions.

Automatic Exchange Amount \$

Frequency (check one):  Monthly (\$25 min)  
 Quarterly (\$75 min)

Begin Automatic Contribution on: (mm/dd/yyyy)

End Automatic Contribution on: (mm/dd/yyyy)

If you do not select a date, the transfer will be made on or about the 18th of the month.

Source Portfolio Number  — Source Account Number

(You must have at least \$1,000 in the source portfolio in order to initiate a systematic exchange plan.)

Destination Portfolio Number  — Destination Account Number

—

(You must transfer at least \$25 per portfolio per month or \$75 per quarter)

\* Please note: IRS guidelines limit changes in 529 investment selections. Initiating or terminating a systematic exchange plan on an existing account or making subsequent changes to a systematic exchange plan may be considered a change of investment selection. Please refer to the Program Disclosure Statement.

## 6. Sign this form

I understand, by signing this form, I am also agreeing to be bound by the terms and provisions of the Account Agreement, which is attached to the Program Disclosure statement, the CollegeCounts 529 Fund rules and Title 16, Chapter 33C of the Code of Alabama.

X

\_\_\_\_\_  
Signature of Account Owner/Entity

(Please sign your name as it appears in Section 1 of this form.)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**A signature guarantee is required when adding or changing banking information or establishing an automatic investment plan.**

### Signature Medallion Guarantee

(affix medallion or signature guarantee stamp below)

STAMP HERE

A Signature/Medallion Guarantee may be obtained by any of one of the following and any other organization that qualifies as an eligible guarantor institution as defined by the U.S. Securities and Exchange Commission: an officer/authorized signer of a bank or trust company, an officer/authorized signer of a broker-dealer, an officer/authorized signer of a credit union, an officer/authorized signer of a national securities exchange, an officer/authorized signer of a registered securities association or clearing agency, an officer/authorized signer of a savings and loan association or an officer/authorized signer of a federal savings bank. A Signature/Medallion Guarantee may NOT be obtained through a notary public. If an eligible guarantor institution is identified as a medallion guarantor, we will not accept a signature guarantee stamp from that guarantor.

\_\_\_\_\_  
Title of Authorized Signature

\_\_\_\_\_  
Guarantor's Phone Number

## 7. Mail the completed form

### Return the completed form to:

CollegeCounts 529 Fund  
P.O. Box 8138  
Boston, MA 02266-8138

### Overnight Delivery:

CollegeCounts 529 Fund  
30 Dan Road  
Canton, MA 02021-2809

## Questions?

For more information, visit [www.collegecounts529.com](http://www.collegecounts529.com) or call 866-529-ACCT (2228).

### CollegeCounts 529 Fund Portfolios

Customize your investment by selecting one or more portfolios that suit your time horizon and risk tolerance. The following list of Portfolio options and their corresponding portfolio numbers will help you as you complete this form. Certain CollegeCounts 529 Fund Portfolios may not be available for purchase from time to time. Please refer to the current Program Disclosure Statement and Account Agreement for more information.

#### A. Years to Enrollment Portfolios

Find the portfolio time horizon that coincides with the number of years to enrollment you indicated. (Example: If you indicated that the first withdrawal will be in 8 years, your account falls into the "9-7 Years" time horizon.) From the options available for that time horizon, select the portfolio that suits your risk tolerance.

| Portfolio Time Horizons | Portfolio Number |
|-------------------------|------------------|
| <b>10+ Years</b>        |                  |
| Aggressive 1            | 1401             |
| Moderate 1              | 1402             |
| Conservative 1          | 1403             |
| <b>9-7 Years</b>        |                  |
| Aggressive 2            | 1404             |
| Moderate 2              | 1405             |
| Conservative 2          | 1406             |
| <b>6-4 Years</b>        |                  |
| Moderate 3              | 1407             |
| Conservative 3          | 1408             |
| <b>3-2 Years</b>        |                  |
| Conservative 4          | 1409             |
| <b>1 Year or Less</b>   |                  |
| Conservative 5          | 1410             |

#### B. Fixed Portfolios

| Portfolio Style   | Portfolio Number |
|-------------------|------------------|
| Equity            | 1411             |
| Bond              | 1412             |
| Short Term Income | 1413             |

#### C. Individual Fund Portfolios

Choose the Individual Fund Portfolio(s) that suit your asset allocation model

| Portfolio Style        | Portfolio Number |
|------------------------|------------------|
| Equity and Income      | 1414             |
| Comstock               | 1415             |
| Small Cap Value        | 1416             |
| Capital Growth         | 1417             |
| Mid Cap Growth         | 1418             |
| Global Franchise       | 1419             |
| Government Securities  | 1421             |
| Core Plus Fixed Income | 1422             |
| International Growth   | 1423             |
| Small Cap Growth       | 1425             |
| S&P 500 Equity Index   | 1426             |
| US Bond Market Index   | 1427             |

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The CollegeCounts 529 Fund—designed to be a Qualified Tuition Program under Section 529 of the Internal Revenue Code—is sponsored by the State of Alabama under the direction of the Board of Trustees of the Program Trust Fund.

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|                  |                         |                |  |               |
|------------------|-------------------------|----------------|--|---------------|
| NOT FDIC INSURED | OFFER NO BANK GUARANTEE | MAY LOSE VALUE | NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY | NOT A DEPOSIT |
|------------------|-------------------------|----------------|--|---------------|