

529 Plans ACH Authorization Agreement

Please complete this form to begin the electronic transfer of funds between your bank/credit union account and your 529 Plan brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

STEP 1. ACCOUNT INFORMATION

Brokerage Account Number -	Brokerage Account Holder's Name(s)
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STEP 2. BANK/CREDIT UNION ACCOUNT INFORMATION

ABA Number	DDA Number	
Bank/Credit Union Name		
City	State	Zip/Postal Code

Account Type: Checking Savings

I (we) hereby authorize Pershing LLC to initiate credit/debit entries to the bank/credit union account indicated above and further authorize my (our) bank/credit union to credit/debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) bank/credit union a reasonable opportunity to act on it. It is understood that if the periodic purchase of 529 Plan securities is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the 529 Plan Allocation Tool.

STEP 3. TYPE OF REQUEST

Please complete all applicable sections.

Standing Instructions Only

Standing instructions only (no assets will be moved at this time).

Contribution or Distribution Type

Periodic purchase of 529 Plan securities (529 plan allocation tool): please complete Standing Allocation Instructions. Periodic 529 Plan securities purchases are contingent upon the execution of systematic ACH deposits.

Periodic contribution to 529 Plan brokerage account.

Periodic distributions to bank account.

Frequency

Monthly - Occurs every month

Quarterly - Occurs every 3 months

Semi-monthly - Occurs twice a month

Semi-annually - Occurs twice a year

Bi-monthly - Occurs every other month

Annually - Occurs once a year

Amount for Contributions and Distributions

Dollar Amount	Start Date -
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PCPRACH

Standing Allocation Instructions

529 Plan Name

FUND NAME	SYMBOL	PERCENTAGE
		%
		%
		%
		%
		%
		100%

Voided Check

Please adhere with tape, either an original microencoded voided bank account check or deposit ticket here. Do not staple. Please include this with the completed form.

STEP 4. SIGNATURE

All brokerage and bank account holders must be identified and are required to sign the form.

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

Print Name	Date
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