



Oregon College Savings Plan Electronic Banking Information Form

Use this form to add, change or delete your Automatic Contribution Plan (ACP) or Electronic Purchase Option
Questions? Call toll-free 1.866.772.8464
 P.O. Box 55914, Boston, MA 02205-5914
 Visit OregonCollegeSavings.com

Instructions

- Complete all sections of this form to add or change your Automatic Contribution Plan (ACP) and/or Electronic Purchase Option.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address. You must include a pre-printed voided check or a pre-printed deposit slip to add or change bank information.
- A Signature Validation Program (SVP) Stamp is required for entity Account Owners or Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner as described in Section 6.

1 Account Information *(You must provide all requested information.)*

<input style="width: 90%; height: 20px;" type="text"/> <i>Plan Account Number</i>	<input style="width: 90%; height: 20px;" type="text"/> <i>Telephone Number</i>
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Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

Beneficiary Name (First, MI, Last, Suffix)

2 What would you like to do? *(Check all that apply.)*

Automatic Contribution Plan (ACP) *(Complete Sections 3, 4 and 5.)*

<input type="checkbox"/> Establish/Modify	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Delete
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Electronic Purchase Option *(Complete Sections 4 and 5.)*

<input type="checkbox"/> Establish/Modify	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Delete
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3 Automatic Contribution Plan (ACP) Instructions

Contribution Amount

\$.00

Investment Dates

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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Month(s)

Select the month(s) you would like your Automatic Contributions made (you must select at least one).

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.
	<input type="checkbox"/> Apr.	<input type="checkbox"/> May	<input type="checkbox"/> Jun.
	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.	<input type="checkbox"/> Sep.
	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s)

Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). *If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.*

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

4 Allocation Instructions

(Check one box)

- Use my current allocation instructions on file for future contributions.
- Establish or change my allocation instructions as indicated below for my future contributions.
 - Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal 100%.
 - The Plan will apply these allocation instructions to future Automatic Contribution Plan (ACP) contributions.
 - These allocation instructions will not apply to payroll contributions, if any.

You can change your Allocation Instructions online, by telephone or by form at any time.

Investment Portfolio Name (Investment Portfolio Code)	Whole Percentage (per Investment Portfolio)	Check if new Investment Portfolio ¹
Age-Based Portfolio	%	<input type="checkbox"/> New Portfolio
Aggressive Portfolio (2806)	%	<input type="checkbox"/> New Portfolio
Moderate Portfolio (2807)	%	<input type="checkbox"/> New Portfolio
Conservative Portfolio (2808)	%	<input type="checkbox"/> New Portfolio
Diversified US Equity Portfolio (2811)	%	<input type="checkbox"/> New Portfolio
Diversified International Equity Portfolio (2816)	%	<input type="checkbox"/> New Portfolio
Diversified Fixed Income Portfolio (2818)	%	<input type="checkbox"/> New Portfolio
Balanced Index Portfolio (2813)	%	<input type="checkbox"/> New Portfolio
US Equity Index Portfolio (2812)	%	<input type="checkbox"/> New Portfolio
International Equity Index Portfolio (2815)	%	<input type="checkbox"/> New Portfolio
Social Choice Portfolio (2819)	%	<input type="checkbox"/> New Portfolio
Diversified Inflation Protection Portfolio (2817)	%	<input type="checkbox"/> New Portfolio
Fixed Income Index Portfolio (2814)	%	<input type="checkbox"/> New Portfolio
Money Market Portfolio (2810)	%	<input type="checkbox"/> New Portfolio
Principal Plus Interest Portfolio (2809)	%	<input type="checkbox"/> New Portfolio
TOTAL	100%	

NOTE: if you allocate your contributions to the Principal Plus interest Portfolio, transfers made at a later date (including transfers where there is a change of the Beneficiary) from the Principal Plus Interest Portfolio to the Money Market Portfolio will not be permitted.

5 Banking Information

You must provide the following information if you choose to contribute through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Portfolio you have selected. Attach a pre-printed, voided check or pre-printed deposit slip where indicated below.

Type of Account (check one):	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Account Number:	Routing Number:
Name(s) on Account: The Account Owner, Custodian or Entity name must be named on the bank account.	
Bank Name:	Bank Telephone Number:

¹ If a new Investment Portfolio is opened, a different portfolio number will be assigned and new investment coupons will accompany your confirmation statement. You can also use the Additional Contribution by Mail form to contribute by check at any time.

6 Signature and Authorization (You must sign this section for these changes to take effect.)

By signing this form, I authorize the Oregon College Savings Plan to debit my bank account and to deposit such funds into my Plan Account, or to cease such debits, as requested on this form. If I authorize contributions through the Automatic Contribution Plan (ACP) or the Electronic Purchase Option on this form, I also hereby authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Oregon College Savings Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law. 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 this Website 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

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an individual acting in a legal capacity as a representative of the Account Owner, or an entity Account Owner, a Signature Validation Program Stamp appears below².)

Signature of Account Owner, Custodian or Authorized Representative of an Individual or Entity Date

IMPORTANT INFORMATION

A Signature Validation Program Stamp is required for all entity Accounts and may be required for Accounts for which the individual completing this form is acting in a legal capacity as a representative of the individual Account Owner. Signature Validation Program (SVP) Stamps and Medallion Signature Guarantees are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. You may be required to provide proof of your authority to act on behalf of this Account to your bank or broker before a signature validation stamp will be provided.

Note: The Signature Validation Program Stamp is not required if a *Plan Power of Attorney Form* is on file for an Individual Account, or if a *Plan Power of Attorney Form* accompanies this form.

AFFIX STAMP HERE

Mail this form to:
Oregon College Savings Plan
P.O. Box 55914
Boston, MA 02205-5914
A12143:09/15

² Signature Validation Program (SVP) Stamps are available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Signature Validation Program (SVP) Stamp. Please contact your bank or broker, if needed.