KENTUCKY
Education Savings Plan Trust

Kentucky Education Savings Plan Trust
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 1-877-598-7878
P.O. Box 8100, Boston, MA 02266-8100
Visit www.kysaves.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 and Authorized Representative of Individual Accounts as described in Section 4.

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

1	9	7	0	-	0	1	2	3	4	5	6	7	8	

Fund and Plan Account Number (Enter any one from your statement.)

J	O	H	N		A		S	A	M	P	L	E

Account Owner or Custodian Name (First, MI, Last, Suffix), or Entity Name

A	N	N	E		M		S	A	M	P	L	E

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.)*

[X] **Establish/Modify**	☐ **Change** bank information	☐ **Delete** *(Complete Section 5 only)*

Electronic Purchase Option *(Complete Sections 4 and 5.)*

[X] **Establish/Modify**	☐ **Change** bank information	☐ **Delete** *(Complete Section 5 only)*

3 Automatic Contribution Plan (ACP) Instructions

If you elect to participate in the Automatic Contribution Plan (ACP), funds will be automatically transferred from your bank account in the amount and frequency you indicate here. Provide all requested information in this section, including your *Banking Information* in Section 4. If you don't already contribute to the Investment Option you select, check the appropriate box and a new Investment Option will be opened for you. It can take up to 10 business days to initiate this ACP.

✓ **Select the amount of your contributions.**
The amount you indicated above will be regularly withdrawn from your bank account on the frequency you indicate below.

Deposit my ACP contribution(s) in:	Is this a new option?	Contribution Amounts *(Minimum $25 each)*
Managed Allocation Option	[X] Yes OR ☐ No	$, 1 0 0 . 0 0
Active Equity Option (1970)	☐ Yes OR ☐ No	$, . 0 0
Equity Index Option (1969)	☐ Yes OR [X] No	$, 1 0 0 . 0 0
Balanced Option (2006)	☐ Yes OR ☐ No	$, . 0 0
Fixed Income Option (1971)	[X] Yes OR ☐ No	$, 1 0 0 . 0 0
Guaranteed Option (1819)	☐ Yes OR ☐ No	$, . 0 0
Total Contribution Amount		$, 3 0 0 . 0 0

✓ **Select the frequency of your contributions.**
If none selected, then your bank withdrawals will occur monthly.

☐ Bi-weekly	[X] Monthly	☐ Quarterly

✓ **Select the month(s) of your contributions.**
If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

[X] Every Month (or →)	☐ Jan.	☐ Feb.	☐ Mar.
	☐ Apr.	☐ May.	☐ Jun.
	☐ Jul.	☐ Aug.	☐ Sep.
	☐ Oct.	☐ Nov.	☐ Dec.

✓ **Select the date(s) of your contributions.**
If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

☐ 5th	[X] 20th	☐ Other _____

4 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 Option you have selected. Attach a pre-printed, voided check or pre-printed deposit slip where indicated below.

Type of Account *(check one):* [X] Checking ☐ Savings	
Account Number: 012-987654	***Routing Number:*** 123456789
Name(s) on Account: *The Custodian and/or Beneficiary name must appear on the bank account.* John A Sample and Mary J Sample	
Bank Name: Citizens Savings	***Telephone Number:*** 859-555-3952

Attach your pre-printed voided bank check, or pre-printed deposit slip here, to help the Plan obtain your proper bank account information.

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

By signing this form, I authorize the *Kentucky Education Savings Plan Trust* 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 *Kentucky Education Savings Plan Trust* 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.

I certify that I am the Account Owner, or I have the authority to act as the Account Owner. (If I am an authorized representative of the Account Owner, including an Entity Account Owner, a Signature Validation Program (SVP) Stamp appears below.[1])

John A Sample — Nov. 2, 2009

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

IMPORTANT INFORMATION

A Signature Validation Program (SVP) Stamp is required for all Entity Accounts and may be required if you are the Authorized Representative of an Individual Account. 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 SVP 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 SVP STAMP HERE

Mail this form to:

Kentucky Education Savings Plan Trust
P.O. Box 8100

Boston, MA 02266-8100

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[1] A Signature Validation Program (SVP) Stamp generally may be obtained from a bank, savings and loan association, or a member of these recognized stock exchanges: Securities Transfer Agents Medallion Program (STAMP), Stock Exchanges Medallion Program (SEMP), and New York Stock Exchange Medallion Signature Program (MSP). You also may be able to obtain a Signature Guarantee Program Stamp from a credit union provided it is authorized to guarantee signatures.