Brighter Future Advisor Plan

Automatic Investment Plan/ Electronic Bank Transfer Form



- Complete this form to start, change, or stop an automatic investment from your bank account, or to add or change bank account information
 for contributions by electronic transfer from a bank. Complete and submit a separate form for each account you own in the Brighter Future
 Advisor Plan.
- You can start, change, or stop automatic investment plan (AIP) and electronic bank transfers (EBT) by accessing your account online at www.BrighterFutureAdvisor529.com.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureAdvisor529.com**, or you can call us to order any form – or request assistance in completing this form at **1.888.529.9552** any business day from 8:30 a.m. to 6:30 p.m. ET.

Mail this form and any other required documents to:

Brighter Future Advisor Plan P.O. Box 219700 Kansas City, MO 64121-9700

Name of Designated Beneficiary (first, middle initial, last)

For overnight delivery or registered mail, send to:

Brighter Future Advisor Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Information	
Account Number	
Name of Account Owner (first, middle initial, last)	
Daytime Telephone Number	Evening Telephone Number

DO NOT STAPLE

2. Options

A.	AIP . You can transfer money from your	bank account to your Brighter Futu	re Advisor Plan accou	nt on a set sched	ule.
	Add this option to my account. (Pro	Section 3.)			
	Change my investment amount an	d/or debit date. <i>(Provide the new a</i>	amount and/or debit da	ate below.)	
	Change my bank account informat	ion. (Provide the information in Se	ction 3.)		
	Stop this option.				
	Amount of Debit:]_,			
	Frequency (Check one):	onthly <i>(\$50 minimum)</i>	luarterly (\$150 minimum)		
	Start Date*:] —			
	* Your bank account will be debited on on the <i>previous business day</i> . If you in investment will be credited on the las will be debited on the 20th of the mo	ndicate a start date that is within the business day of the previous mor	he first four days of the oth. If you do not indica	e month, there is a ate a start date, yo	a chance that yo our bank accoun
	Note: AIPs with a debit date of January 1st, 2nd, 3rd, or 4th will be credited in the same year as the debit date.				
В.	EBT. Add bank information for future el You can transfer \$50 or more from your or requesting a transfer online.				
	Add Change	Delete			
Rai	nk Information				
		AID FDT			
	Complete this section only if you are addin				
0	NP and EBT can be made only through ac If the Automated Clearing House (ACH) n Ionbank financial companies cannot be us	etwork. Money market mutual fund			
					-
Bank	Name		Bank Telephone Num	nber	
				Account Type:	
Bank	Routing Number	Bank Account Number		(Check One.)	Checking Savir
Not	e: The routing number is usually located	in the bottom left corner of your ch	iecks. You can also asl	k your bank for th	e routing numb
	Please check the box to confirm that you	ur ACH transactions will not involv	e a bank or other finan	icial services com	npany, including
	any branch or office thereof, located ou	tside the territorial jurisdiction of t	he United States.		

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects. I understand that all changes made on this form supersede all my previous designations. If I have chosen the AIP or the EBT option, I authorize the Brighter Future Advisor Plan and Upromise Investments, Inc., or its affiliate, upon telephone or online request, to pay amounts representing redemptions made by me, or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 3**. I authorize the bank to accept any such credits or debits to my account without responsibility for their accuracy. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that Plan Officials (as described in the Program Description and Participation Agreement) will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Brighter Future Advisor Plan, and the bank by telephone or in writing, and that the termination request will be effective as soon as the Brighter Future Advisor Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 3**.

	identified by me in Section 3 .	·
>	SIGNATURE	
	Signature of Account Owner	Date (mm/dd/yyyy)

A plan of regular investments cannot assure a profit or protect against a loss in a declining market.