

# COLLEGE SAVINGS PLAN AUTOMATIC CONTRIBUTIONS

**✓ USE THIS FORM TO:**

- Enroll in or change Automatic Monthly Contribution (AMC).
- Add or change bank information.

This monitor indicates this can be done online.

This phone indicates this can be done by phone.

This paper clip indicates you may need to attach documentation.

**RETURN THIS FORM TO: EXPRESS MAIL ONLY:**

UA College Savings Plan  
P.O. Box 17302  
Baltimore, MD 21297-1302

UA College Savings Plan  
Mail Code: 17302  
4515 Painters Mill Road  
Owings Mills, MD 21117-4903

## 1 ACCOUNT INFORMATION

Account Holder (Trust name, if applicable)	Social Security Number
Custodian or Trustee (if applicable)	Phone

## 2 AUTOMATIC MONTHLY CONTRIBUTION

AMC will be established or changed to the information provided below. There is a \$25 minimum per portfolio.

**Check one:**

- New enrollment in AMC (no AMC currently on Account).
- Redirect current AMC to new portfolio.
- Change current AMC (dates and amount provided).
- Add another AMC (keep current AMC on Account).

Beneficiary Name	
Portfolio Name	Account Number
Amount: * \$ <input type="checkbox"/> 300 <input type="checkbox"/> 200 <input type="checkbox"/> 100 <input type="checkbox"/> 75 <input type="checkbox"/> Other:	Day(s):** &
Beneficiary Name	
Portfolio Name	Account Number
Amount: * \$ <input type="checkbox"/> 300 <input type="checkbox"/> 200 <input type="checkbox"/> 100 <input type="checkbox"/> 75 <input type="checkbox"/> Other:	Day(s):** &
Beneficiary Name	
Portfolio Name	Account Number
Amount: * \$ <input type="checkbox"/> 300 <input type="checkbox"/> 200 <input type="checkbox"/> 100 <input type="checkbox"/> 75 <input type="checkbox"/> Other:	Day(s):** &

**\*NOTE:** This amount should reflect how much to contribute per Account every month for each date indicated.

**\*\*NOTE:** If blank, defaults to the first business day of the month.

## 3 BANK INFORMATION

Complete this section to add or update electronic funds transfer (EFT) service. This service allows you to move money between your bank account and your 529 Account(s) quickly and easily. Allow up to 10 days for initial setup. EFTs occur when you initiate them.

**Enclose a voided Check or letter from the bank on bank letterhead, which provides the name(s) on the account, the routing number, and the account number.** We cannot accept starter checks.

Checking account **or**  Savings account

**Check one:**

- Add bank information.
- Add bank information and use as the primary bank for EFT requests, including new and existing AMC services. Retain the existing bank information currently linked to my Account to be available only upon request.
- Replace current bank information. Any existing AMC will continue with the new bank information unless Section 2 is completed.

**NOTE:** If the Account Holder or Custodian is not an owner of the bank account, the bank account owner must sign in Section 4B. Distributions from your UA College Savings Plan Account can only be directed to a bank account owned by the Account Holder or Beneficiary.

## 4 SIGNATURE(S)

**By signing this form, I understand and hereby certify that:**

By adding bank information, I hereby authorize T. Rowe Price to initiate debit entries to the account at the financial institution indicated and for the financial institution to debit such account through the Automated Clearing House (ACH) network, subject to the rules of the financial institution, ACH, and T. Rowe Price. T. Rowe Price may correct any transaction errors with a credit or debit to my financial institution account and/or Plan Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify T. Rowe Price of its revocation by phone or in writing and T. Rowe Price has had sufficient time to act on it.

### 4A ACCOUNT HOLDER (OR CUSTODIAN OR TRUSTEE, IF APPLICABLE)

**SIGNATURE AND DATE REQUIRED**

Account Holder, Custodian (if Account Holder is a minor), or Trustee(s) Date (mm/dd/yyyy)

**X**

### 4B BANK ACCOUNT OWNER

If the Account Holder or Custodian is not an owner of the bank account, the bank account owner must sign here to authorize adding the bank information.

**SIGNATURE AND DATE REQUIRED**

Bank Account Owner Date (mm/dd/yyyy)

**X**

