



529 College Savings Plan

Use this form to authorize purchase allocations across multiple accounts with the same account owner for purchases by payroll deduction. To stop or change payroll deduction amount in the future, please contact your employer's payroll office.

Important: Check with your employer to make sure payroll deduction is available to you before completing this form.

Mail the original copy of this form to the following address:

Regular Mail:

Future Scholar 529 Savings Plan
P.O. Box 8036
Boston, MA 02266-8036

Overnight Mail:

Future Scholar 529 Savings Plan
30 Dan Road, Suite 8036
Canton, MA 02021

Send a copy of this form to your employer's payroll department or payroll provider as provided by your employer.

If you have questions or need assistance in completing this form, please contact a Future Scholar customer service representative at 1.888.244.5674, Monday through Friday, 8:00 am to 8:00 pm, Eastern time.

I. Employee options:

Please check one:

- Establish payroll deduction for the first time
- Change allocation among existing accounts
- Change deduction amount
- Discontinue payroll deduction

II. Employer name

Employer (company) name

III. Account Owner information

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary Account Owner's First name (or entity name)

Middle initial

Last name

Social Security number or other taxpayer identification number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Joint Account Owner's First name

Middle initial

Last name

Contact telephone number

Investments In Future Scholar 529 College Savings Plan:

• Not FDIC Insured • No bank, state or federal guarantee • May Lose Value

Columbia Management and its affiliates do not provide tax advice. Please consult your tax advisor before making tax related decisions.

IV. Payroll deduction information

You must provide employer (company) name in Section II to establish a payroll deduction amount.

Amount per pay period \$ _____

Please note that by signing and submitting this Payroll Deduction form, you are agreeing to the following terms:

1. I understand that my employer is responsible for making available the opportunity to make my contributions to Future Scholar 529 College Savings Plan through payroll deduction. I understand that by electing to have such option available, my employers will receive certain information regarding my account and my requested contribution amounts.
2. I authorize my employer to make payroll deductions for contribution to my Future Scholar account in the amount elected by me in this Payroll Deduction form. In the event that amounts are credited to my account in error and Future Scholar is notified of such error by my employer (or my employer's payroll service provider), I hereby authorize Future Scholar's transfer and servicing agent to return such amounts to my employer (or my employer's payroll service provider).
3. I understand that if I make a request to change my contribution amount, such change will not be reflected in my payroll statement until the change has processed through the normal payroll update schedule, typically two to three payroll cycles. I agree to review my account statements and payroll statements promptly for accuracy and to report any errors promptly to Future Scholar and my employer, respectively.

Signature of Account Owner

Date

Signature of Joint Account Owner (required for joint registration)

Date

V. Beneficiary allocation selection

I would like all future contributions made by payroll deduction to be allocated as indicated below. All allocations must be in whole percentages. The funds will be allocated in each account according to the percentages established on the new account form.

Beneficiary name	Beneficiary SS#	Account # (if available)	Allocation percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allocation total must = 100%

VI. Employer establishment instructions (for employer use only)

Complete an employer authorization form.

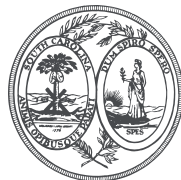
When completing the ACH (Automated Clearing House) electronic transfer, the transmittal must be coded as checking.

Please transmit the funds to:

State Street Bank and Trust Company

ABA #: 011000028

Account number: 99056905xxxxxxxx
(Where xxx-xx-xxxx is the Employee Social Security number)



Checklist for the Account Owner (Employee)

- Have you verified that your employer offers payroll deduction with Columbia Management Future Scholar 529 College Savings Plan?
- If you do not have an existing account, have you completed and attached a Columbia Management Future Scholar 529 College Savings Plan application for each beneficiary?
- Did you list your employer (company) name in Section II?
- Do your allocation percentages in Section V total to 100%? Did you use whole numbers?
- Did you sign Section IV exactly as your name appears on the account registration?
- Did you return a copy of this form to your employer's payroll office?

Please send this form (and a Future Scholar 529 College Savings Plan application, if applicable) to:

Columbia Management Future Scholar 529 College Savings Plan
C/O Employee Program Department
P.O. Box 8036
Boston, MA 02266-8036

If you have any questions, please contact a Future Scholar customer service representative at 1.888.244.5674, Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time.