

EdVestSM Systematic Exchange Plan

Complete this form to establish a Systematic Exchange Plan between two EdVest accounts. **Adding or stopping a Systematic Exchange Plan on an existing account, or making any subsequent changes, will constitute an investment change.** If you have questions, call us toll-free at 1-888-338-3789.



1 ACCOUNT OWNER INFORMATION (PLEASE PRINT)

Name of account owner, custodian (first, middle initial, last), or entity		Social Security/taxpayer ID number	
U.S. residential street address	City	State	ZIP code
U.S. mailing address (if different than U.S. residential street address)	City	State	ZIP code
E-mail address	Daytime phone	Evening phone	
Name of designated beneficiary (first, middle initial, last)		Social Security number	

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the account owner, custodian, or entity. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 ACCOUNT INFORMATION

The FROM account must have a current minimum balance of \$5,000 to establish a Systematic Exchange Plan.

Accounts must be identically registered and in the same share class to establish a Systematic Exchange Plan.

Exchange FROM EdVest account:	Exchange INTO EdVest account:
_____	_____
Fund and account number (write "New Account" if new*)	Fund and account number (write "New Account" if new*)

**If the account is a new account, enclose a completed EdVest Account Application.*

3 EXCHANGE AMOUNT AND FREQUENCY

Exchange amount: \$_____ (\$100 minimum)

Exchange frequency (choose one):

Monthly, beginning (specify month and date): _____

Quarterly, to be paid in March, June, September, and December (specify date of month): _____

Annually, on (specify month and date): _____

This Systematic Exchange Plan will begin as soon as administratively possible following the receipt of this properly completed form. If an amount is not indicated, it will be established for \$100 on the date(s) you have specified. If no date is specified, the exchange will be processed on the 25th day of the month. If you selected a frequency of annually and no month is indicated, the exchange will be made in December.

4 SIGNATURES

I authorize Wells Fargo, EdVest, and its transfer agent to automatically process the exchange between the identically registered accounts as indicated on this form. I understand that if the Systematic Exchange Plan is established within ten business days of opening new accounts, it will not be considered a reallocation for the purpose of the annual limit on investment changes. However, adding or stopping a Systematic Exchange Plan on an existing account or making changes to an established plan (including, but not limited to, changes to the date, frequency, or amount) will constitute an investment change for the calendar year.

X _____
Signature of account owner, custodian, trustee, partner, officer, or authorized financial advisor Print name Date

X _____
Signature of co-trustee, partner, or officer Print name Date

EdVest is a state-sponsored 529 college savings plan administered by the Wisconsin Office of the State Treasurer. Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment management and administrative services to the EdVest plan. Shares in the program are distributed by Wells Fargo Funds Distributor, LLC, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 118801 01-10

NOT FDIC/NCUA INSURED • NO BANK GUARANTEE • MAY LOSE VALUE