

3. 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. I authorize Ascensus College Savings Recordkeeping Services, LLC., 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 2C**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. law. I further agree that the Trust, Achieve Montana, and the Plan Administrators (as defined in the Achieve Montana Program Description) 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 Achieve Montana and the bank by telephone or in writing, and that the termination request will be effective as soon as Achieve Montana 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 2C**.

SIGNATURE _____

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)