

## Account Information

ACCOUNT # \_\_\_\_\_

AXA PRODUCER NAME \_\_\_\_\_



**MUST COMPLETE ONE FORM PER CHILD.**

Please make sure the account number corresponds to the correct child.

# 529 Account Automatic Contribution Agreement

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ACCOUNT FOR THE BENEFIT OF (*child's name*) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REALTY COMPANY \_\_\_\_\_ OFFICE LOCATION \_\_\_\_\_

## Choose Your Contribution Percentage

*Please check one:*

- This is a new account
- I am changing the contribution percentage to my current account

Please deduct from my commissions the following percentage: (please circle)

1% 2% 3% 4% 5% 6% 7%  
8% 9% 10% 11% 12% 13%  
14% 15% \_\_\_\_\_%

## Select Your Account

*Please check one:*

- Alliance Funds
- BlackRock Funds
- Oppenheimer Funds
- Putnam Funds
- Other \_\_\_\_\_

**PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO HAVING READ AND UNDERSTOOD THE FOLLOWING:**

- I understand that the accounting department will deposit funds to my account at least once per month.
- I understand that enrollments, changes, or terminations of the deductions may take up to two weeks to be effective.
- I have received the prospectus for the funds that I've selected, and I hereby authorize the commission investment contributions circled above. I realize that I am not an employee and my automatic contributions are provided as a service. I take sole responsibility to make certain that my college savings plan is not over funded and complies with all the applicable state and federal laws governing college savings plans.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_