

529 College Savings Plan

Merrill Lynch Automated Funding Service Enrollment/ Change Authorization Form

Complete this form to enroll in the Merrill Lynch Automated Funding Service (AFS) or to change your current AFS amount for an existing 529 College Savings Plan account. Return it together with a voided check from your checking account or a bank letter (see Section 2). We will confirm that your financial institution can accept this AFS instruction through participation in the Automated Clearing House (ACH). There is no charge for enrolling in the AFS or for each transfer you request.

1. Account Information

Participant Name (Last/First/M.I.) _____

Account Number. _____

This is a: New instruction Change Termination

Social Security Number _____

2. Automated Funding Service (AFS)

You can make regular contributions to your Account by enrolling in AFS. To ensure you are meeting the required fund minimums for your account, please refer to the plan's Program's Description or Fund Prospectus. Debits from the account will begin on the date specified below and will occur on the same day of the month thereafter. Requests to establish automated contributions must be received at least 10 business days before the specified beginning date in order for contributions to begin in the following month. If the day of the month you specify is a Saturday, Sunday or holiday, the debit will occur on the prior business day. **Please Note: If the account indicated below does not have the exact name (and Social Security No.) as it appears in Section 1 of this form, additional documentation may be required.**

(a) AFS from a Merrill Lynch account.

For existing Merrill Lynch clients only:

Please indicate your Merrill Lynch account number: _____

(b) Bank of America® account

Your Bank of America account number _____

ABA routing number _____

(c) Outside financial institution (Preprinted check REQUIRED)

Name of outside financial institution _____

Outside financial institution account number _____

Outside financial institution account to be debited:

Checking (Enclose a preprinted, voided check for the account.)

Savings (Enclose either a preprinted, voided check for the account or a letter of authorization from your financial institution.)

2. Automated Funding Service (AFS) cont'd

YOUR NAME AND ADDRESS	123
	12 - 34 567
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
SAMPLE VOID	
BANK NAME AND ADDRESS _____	
MEMO _____	
:123456789: 345678: 1011	

TAPE
PRE-PRINTED
VOIDED
CHECK HERE

3. Funding Frequency and Amount

- Monthly Semiannually
 Quarterly Annually

Dollar amount of contributions: \$ _____ Contributions effective (month/day/year): ____ / ____ / ____

You may not use the Automated Funding Service to make rollover contributions. Automated funding will be rejected if the contribution will cause the account balance to exceed the plan's maximum contribution amount. Please refer to your plan's Program Description for more information on the maximum contribution limit.

4. AFS Agreement and Signature

By signing this Merrill Lynch Automated Funding Service Enrollment/Change Authorization Form, you hereby authorize Merrill Lynch to debit the account indicated in the dollar amount and frequency specified and to contribute such funds to the 529 College Savings Plan account designated.

You authorize the financial institution holding the account to be debited to accept Automated Clearing House debits to your account without responsibility for the correctness thereof. You further agree that Merrill Lynch will not be liable for any loss, liability, cost or expense for acting upon your written instructions, except to the extent required by applicable law.

This authorization will remain in full force and effect until Merrill Lynch has received notification from you of its change or termination. Either you or Merrill Lynch may terminate this authorization at any time. Any termination will become effective as soon as Merrill Lynch has had a reasonable amount of time to act on it. If you notify Merrill Lynch verbally, Merrill Lynch may require that you also send written notification.

If I am an individual or entity, other than the Participant, authorizing the automated funding, I acknowledge that I will have no subsequent control over the contributions and that only the Participant may direct transfers, rollovers, investment changes (as permitted under federal law), withdrawals and changes to the Designated Beneficiary.

X _____
Participant Signature (required)

Date

X _____
Contributor Signature (required if contributions are made by a person/entity other than the Participant)

Date

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

For clients serviced by:

Merrill Lynch Financial Advisor

Return to: Address specified on your account statement, or contact the Merrill Lynch office servicing your accounts.

Merrill Edge

Merrill Lynch
P.O. Box 29002
Hot Springs, AR 71903

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