

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the Scholars Choice Education Savings Plan Description and Participation Agreement.

SIGNATURE _____
Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□
Date (mm/dd/yyyy)

SIGNATURE _____
Signature of Financial Professional

□□ — □□ — □□□□
Date (mm/dd/yyyy)