New Account Application
BlackRock CollegeAdvantage 529 Plan

How to Enroll in the BlackRock CollegeAdvantage 529 Savings Plan

Before you begin completing the application, you should have read through our Enrollment Kit, including the Frequently Asked Questions portion. If you have additional questions, please consult your Financial Advisor.

Complete each section of the New Account Application, paying special attention to the sections marked as "**Required**." Incomplete applications may not be processed.

1. Provide us with information on the **Account Owner**. All sections must be completed here in order for us to establish the account. If you are funding the Account with a rollover from a UTMA/UGMA account, the custodian of the UTMA/UGMA must be named as the Account Owner. Please see the **Program Description** for more details.

2. Provide us with information on the **Beneficiary** of the Account. All sections must be completed here in order for us to establish the account.

   If you are using this application for more than one Beneficiary and are providing different investment instructions, **please make a copy of Section 4** (including the Automatic Investment Plan section, if applicable) and indicate which Beneficiary the instructions should apply to. If this section is not completed, we will use the same Investment Instructions for each Beneficiary.

3. Your Financial Advisor should complete the "Investment Dealer" section with their information. All Accounts must have a Dealer listed on them in order to be established.

4. In Section 4, you should tell us how you wish to contribute to the Account. In this section, you can not only direct your initial contribution, but you may also direct us in subsequent contributions to the Account, provide us with bank information and elect an Automatic Investment Plan to make recurring contributions.

   If you are funding the Account with a rollover, please complete and attach the **Incoming Rollover Form**.

   If you are funding the Account with payroll deduction, please complete and attach the **Payroll Deduction Authorization Form (your employer must participate).**

5. There are two options you may use to reduce your sales charges—Rights of Accumulation and a Letter of Intent. Each are described here, however more information is available in the Program Description through your Financial Advisor.

6. Tired of all the paper? You can sign up for electronic delivery of your Account documents here.

7. Your signature is required in order to establish the account. Please read this section carefully before signing.

Send this application, along with any other required documents, to:

Regular mail
BlackRock CollegeAdvantage 529
P.O. Box 9783
Providence, RI 02940

Overnight mail
BlackRock CollegeAdvantage 529
4400 Computer Dr.
Westborough, MA 01581

Questions?

Call **866-529-8582** | Visit **www.blackrock.com/collegeadvantage**

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Use this form to enroll in the BlackRock CollegeAdvantage 529 Savings Plan. You cannot use this form to change an existing Account Owner or Beneficiary. Additional forms are available online at www.blackrock.com/collegeadvantage.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you.

We may also ask to see your driver's license or other identifying documents. We may use third parties to obtain and verify this information. We may not be able to establish an account or we may close your existing account and/or redeem your shares involuntarily, if you do not provide sufficient information within the relevant time periods.

Section 1: Account Owner Information (Required)

PLEASE PRINT CLEARLY. The "Account Owner" is the person responsible for the designated Beneficiary's Account, and must be an individual over the age of 18 or an entity such as a trust.

The Account will be registered in the name(s) and address indicated below. Please check the box next to the type of account:

☐ Individual ☐ Custodian/Guardianship ☐ Trust ☐ UGMA/UTMA under ______________ (State)

First Name of Account Owner, Custodian or Trustee | M.I. | Last Name of Account Owner, Custodian or Trustee

Federal Tax Identification or Social Security Number

_____ / _____ / _____
Date of Birth (month/day/year)

☐ This Account is part of the ______________________________ corporate-sponsored plan.
(Company Name)

The Company ID Code for this plan is ______________________ .
(ID Code)

Account Owner's Residential Address

Please provide us with your residential address (this address may not be a PO Box).

Street Number | Street Name

City | State | ZIP Code

☐ Check here if the **mailing** address is the same as the residential address above. If it is, please skip to the next section. Otherwise, please complete below:

Street Number | Street Name

City | State | ZIP Code

Home Telephone Number | Alternate Telephone Number (cell or work)

Trust or other Entity Information (if registering the account as a Trust, Scholarship, or other Entity)

The individual named below directs all Beneficiary designations, withdrawals and transactions. You will need to supply us with a copy of the appropriate sections of the trust document (first, last, signature pages, etc) in order to establish a Trust Account. Only one individual may be named below as Trustee, and this individual must be named as a Trustee within the trust documents.

Name of Trust Agreement or Other Entity (i.e. a scholarship fund)

Federal Tax Identification Number of the Trust

_______ / _______ / _______
Date of Trust Agreement (month/day/year)

First Name of Trustee

M.I.

Last Name of Trustee

Trustee's Social Security Number

_______ / _______ / _______
Date of Birth (month/day/year)

Trustee's mailing address

Street Number

Street Name

City

State

ZIP Code

☐ Check here if the Trustee's **residential** address is the same as the mailing address. If it is, please skip to the next section. Please note: the residential address cannot be a P.O. Box. Otherwise, please complete below:

Street Number

Street Name

City

State

ZIP Code

Successor Account Owner

You may name a Successor Account Owner if the original owner passes away.

First Name of Sucessor Account Owner

M.I.

Last Name of Sucessor Account Owner

Federal Tax Identification or Social Security Number

_______ / _______ / _______
Date of Birth (month/day/year)

☐ Check here if the **Successor Account Owner's** address is the same as the mailing address above. If it is, please skip to the next section. Otherwise, please complete below:

Street Number

Street Name

City

State

ZIP Code

Section 2: Beneficiary Information (Required)

The designated Beneficiary of the account is the individual whose qualified higher-education expenses will be paid from this account.

First Name of the Beneficiary ______ M.I. ______ Last Name of the Beneficiary ______

Social Security Number ______ Date of Birth (month/day/year) ____ / ____ / ____

☐ Check here if the **Beneficiary's** address is the same as the mailing address in Section 1. If it is, please skip to the next section. Otherwise, please complete below:

Street Number ______ Street Name ______

City ______ State ______ ZIP Code ______

Section 3: Investment Dealer (Required)

Must be completed by dealer.

Firm Name ______ NSCC Dealer Number ______

Representative's first name ______ M.I. ______ Representative's last name ______

Branch number ______ Representative's number ______ Telephone number ______

Street Number/P.O. Box ______ Street Name ______

City ______ State ______ Zip Code ______

E-mail address ______

Representative's Signature ______ Date (Month/Day/Year) ____ / ____ / ____

Purchases at NAV

This Account qualifies for purchases at Net Asset Value (NAV) for one of the reasons stated in the Program Description.

Reason ______

Section 4: How to Fund Your Account

You may contribute to up to 5 **CollegeAdvantage Investment Options**. The minimum initial contribution is **$25.00 per Option** (but may be lowered if you are using Payroll Deduction); the minimum subsequent investment is $25.00 per Option.

Rollovers initiated from other advisor-sold Section 529 Plans into the Plan may be invested in Class A Units without an initial sales charge. This initial sales charge waiver only applies if the rollover amount represents proceeds from a withdrawal of units invested in a 529 Plan unit class with an initial sales charge (e.g. Class A Units) and the Program Manager is notified that the rollover qualifies for the waiver at the time the rollover is initiated. You may be asked to provide documentation to the Program Manager or your financial intermediary in order to confirm your qualification for this initial sales charge waiver.

Investment direction for Beneficiary (name):____
(Complete ONLY if opening accounts for more than one Beneficiary, with different Investment Instructions)

Initial Contribution (Required)

☐ **Check** in the amount of $ ________ , made payable to "BlackRock FBO (Beneficiary name)". If the check represents a rollover of assets from another 529 Plan, A UGMA/UTMA custodial account, qualified savings bond or a Coverdell Education Savings Account, please complete and include the **Incoming Rollover Form**.

☐ **One-time bank draft.** If you complete the Bank Instructions section of this application, we will debit your checking or savings account for the initial contribution. You may also establish subsequent contributions with this bank information.

☐ **Payroll Deduction through your employer.** Check with your employer to see if payroll deduction is an available option for you. In order to participate in Payroll Deduction, you must complete and include a **Payroll Deduction Authorization Form.**

☐ **Rollover or direct transfer (no check enclosed).** If you are requesting a rollover or direct transfer and have completed and included the **Incoming Rollover Form.**

☐ **Automatic Investment Plan.** Please complete the "Automatic Investment Plan" section on the next page.

Investment Option Selection

Tell us which Option(s) you want to invest in **(a listing of our available Investment Options is attached)**. Please fill in the dollar amount for each of the desired Options. If a class of the investment option is not selected, the contributions will be made in Class A.

Investment Option	Class A	Class C	Amount to Invest		
____________________	☐	☐	$ ____________ . ______	or	☐☐☐ %
____________________	☐	☐	$ ____________ . ______	or	☐☐☐ %
____________________	☐	☐	$ ____________ . ______	or	☐☐☐ %
____________________	☐	☐	$ ____________ . ______	or	☐☐☐ %
____________________	☐	☐	$ ____________ . ______	or	☐☐☐ %
			Total $ ____________ . ______		= 100%

Subsequent Contributions

Once your Account is established, you may elect to contribute to your Account in several ways:

- **Automatic Investment Plan (AIP).** You can sign up for an AIP by completing the section below to begin automatic transfers from your checking or savings account to your CollegeAdvantage account.
- **Payroll Deduction.** You will need to speak with your employer to verify that payroll deduction for CollegeAdvantage is allowed. You can obtain a **Payroll Deduction Form** at www.blackrock.com/collegeadvantage.
- **Contribution slips.** Once your account is established, personalized Contribution slips will be included with your confirmation statements. As any contribution by check requires investment instructions, these slips provide a convenient way to provide us with investment instructions.

Automatic Investment Plan

You can establish up to two AIP contributions per month into your CollegeAdvantage Account from your bank account (checking or savings). Please allow 10 days for initial set up (we will process the first available draft after the 10-day period). If no frequency is selected, we will default to monthly on the 15th. Be sure your bank account has funds available for the transfer.

☐ Twice per month ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

I would like my AIP to occur on the ____ of the month (for monthly, quarterly, semiannually & annually). Beginning: ________ / ________
Month Day

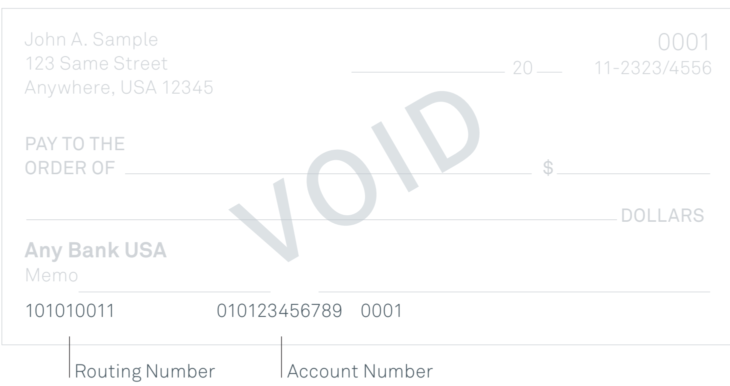
I would like my AIP to occur **twice** per month on the ____ **and** the ____ of the month.

Investment Option	Amount (minimum $25)	Investment Option	Amount (minimum $25)
Investment Option	Amount (minimum $25)	Investment Option	Amount (minimum $25)
Investment Option	Amount (minimum $25)	**Total $** ________	

Bank Instructions

To add bank instructions to your CollegeSavings Account for initial or subsequent contributions or for use with the Automatic Investment Plan, please complete the section below and attach a voided check or savings deposit slip.

Please attach a voided check, personalized deposit slip or bank statement.



☐ Checking

☐ Savings

☐☐☐☐☐☐☐☐☐
Routing Number (9 digits) - Required

____
Account Number

Section 5: Reduced Sales Charge

Using **Rights of Accumulation/Letter of Intent**, the investor(s) should meet the following breakpoint level (check one):

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

☐ **Rights of Accumulation (ROA)** — I apply for Rights of Accumulation, under which the current value of my existing holdings of BlackRock Funds and the BlackRock CollegeAdvantage 529 Program (subject to the Agent's confirmation of the following holdings) may be combined with the amount of the current purchase to qualify for a breakpoint and reduced sales charge in Investor A Shares.

☐ **Letter of Intent (LOI)** — I agree to the Letter of Intent provisions of the prospectus. Although I am not obligated to purchase, and the Fund is not obligated to sell, I intend to invest an aggregate amount in the BlackRock Funds at least equal to the amount checked above, over a 13-month period beginning on ________________ . Please note: purchases made prior to the start date of the LOI are not counted toward the breakpoint.
Date (month/day/year)

List Portfolio account numbers to be linked for the reduced sales charge. Please list accounts held directly with BlackRock as well as any BlackRock funds in accounts held through a financial intermediary that you wish to combine for Rights of Accumulation or Letter of Intent.

* Please note: accounts held through a financial intermediary may not be visible to BlackRock; therefore we may not be able to link the accounts. If you wish to include assets in BlackRock Funds held through a financial intermediary, you must include the most recent statement detailing the holdings in BlackRock Funds from the financial intermediary. For Letter of Intent, the statement must show all purchases made during the 13-month Letter of Intent period. Please call us with any questions prior to submitting this application.

BlackRock account number	Brokerage account number*	Registration of account
BlackRock account number	Brokerage account number*	Registration of account
BlackRock account number	Brokerage account number*	Registration of account

Section 6: Other Account Options

A. Electronic Delivery of Documents

☐ **Yes!** I want to save paper and have my statements, Program Descriptions and other materials provided to me electronically rather than in the mail. I am aware that I will need to log into my account online to confirm and to see statements.

____

E-mail Address

B. Automatic Reallocation

The Plan allows you the ability to invest contributions in the Plan and then systematically reallocate that Investment into up to four other Investment Options. There is a minimum of $25 per destination Investment Option.

To establish this feature with your new Account, you must complete and include the **BlackRock CollegeAdvantage Reallocation Form** along with this application. Reallocation Forms received after the new account is established will count as your annual Reallocation Limit.

C. Telephone Withdrawal and Telephone Reallocation

☐ No

Your Account will be automatically coded with Telephone Withdrawal and Telephone Reallocation unless you check the "No" box above. As an Account Owner, you may request a Withdrawal or Reallocation as long as the request follows the rules set forth in the Program Description.

Section 7: Account Certification and Signatures

We must have your signature to process your Application and to certify your taxpayer identification number, located in Section 1.

I certify that the information contained herein is true and correct. I certify that I, the Successor Owner (if any) and my Beneficiary are US Citizens or resident aliens. I certify that the taxpayer identification numbers in Sections 1, 2 and 5 are correct (or a number has been applied for and will be provided upon receipt). The Ohio Tuition Trust Authority (Tuition Trust) is authorized to recognize only my signature below for the withdrawal of funds or transactions of any other business regarding this account until written notice to the contrary is received by the Tuition Trust.

If Section 3 ("Investment Dealer") was not completed, I hereby certify that I have not been solicited by anyone at BlackRock to open this Account, that my investment will be made in class A units, and I am aware that BlackRock has not provided, and will not provide, me with any financial advice in connection with my investment.

If participating in electronic fund transfers (EFT), my signature below authorizes the Tuition Trust to initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I authorize the Tuition Trust to make a follow-up attempt in retrieving those monies which are denied due to insufficient funds. I agree to indemnify and hold harmless my bank, BlackRock, and the Tuition Trust for any loss, liability or expense incurred from acting on these instructions. I also reserve the right to revoke this authorization by written notification to the Tuition Trust, with reasonable time given to implement my request.

BY SIGNING BELOW, I AM AGREEING TO THE TERMS OF THE PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT DATED MARCH 4, 2013 OR LATER, AND THE TERMS OF THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. MY SIGNATURE BELOW INDICATES I HAVE READ THE PROGRAM DESCRIPTION AND PARTICIPATION AGREEMENT DATED MARCH 4, 2013 OR LATER FOR THE BLACKROCK COLLEGEADVANTAGE 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION TOGETHER WITH THE PARTICIPATION AGREEMENT INCORPORATED HEREIN, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.

In accordance with federal law, I understand the administrator for the BlackRock CollegeAdvantage 529 Plan is required to obtain my name, residential or business address, Social Security or Tax Identification number, driver's license or state-issued I. D. card number, and date of birth in order to verify my identity and for tax reporting purposes. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the BlackRock CollegeAdvantage 529 Savings Plan's privacy policies. The Tuition Trust is unable to accept this new account if any required information is not provided. If the Program Administrator is unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the then-current unit value. I understand that under federal tax law any rollover of such distribution to another Qualified Tuition Program that will accept it must occur within 60 days. If I have any additional questions concerning the tax consequences of any such distribution, I will refer to the "Tax Information" section of the Program Description and Participation Agreement or consult my professional tax advisor.

Signature(s) of Account Owner(s) (Required)

Signature of Account Owner/Custodian/Guardian/Trustee

_______ / _______ / _______

Date (month/day/year)

Any investment in a BlackRock CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the custodian/state of Ohio, the Tuition Trust, BlackRock or any of the mutual fund firms under contract with OTTA. An investment in a BlackRock CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Participants assume all investment risk of an investment in the BlackRock CollegeAdvantage Plan, including the potential loss of principal and liability for penalties such as those levied for non-educational withdrawals. Regular investing does not ensure a profit or protect against a loss in a declining market. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen.

Program details are subject to change. If you do not submit your account application within six months of receipt of the Program Description and Participation Agreement, please call your Financial Advisor to ensure you have the most current version of this important document before submitting your application.

FOR MORE INFORMATION: Call 866-529-8582 or visit www.blackrock.com/collegeadvantage

Lit. No. 529-NA-APP-0613 OE6156A-0813

BLACKROCK®

Investment Options
BlackRock CollegeAdvantage 529 Plan

Single Strategy Investment Options

Equity Options

BlackRock Equity Dividend Option
BlackRock Large Cap Core Option
BlackRock Capital Appreciation Option
BlackRock International Opportunities Option
ING Small Company Option
Rainier Mid Cap Equity Option
iShares MSCI EAFE ETF Option
iShares Russell 2000 ETF Option
iShares S&P 500 ETF Option

Balanced Options

BlackRock Global Allocation Option

Fixed Income / Money Market Options

BlackRock GNMA Option
BlackRock Inflation Protected Securities Option
BlackRock High Yield Bond Option
BlackRock Money Market Option
Wells Fargo Advantage Core Return Bond Option

Age-Based Investment Options

Age-Based Conservative Portfolio Glidepath

Age 0–5
Age 6–9
Age 10–12
Age 13–16
Age 17+

Age-Based Moderate Portfolio Glidepath

Age 0–5
Age 6–9
Age 10–12
Age 13–16
Age 17+

Age-Based Aggressive Portfolio Glidepath

Age 0–5
Age 6–9
Age 10–12
Age 13–16
Age 17+

Target-Risk Investment Options

BlackRock Moderate Portfolio Option
BlackRock Growth Portfolio Option
BlackRock Aggressive Growth Portfolio Option

Ohio TUITION TRUST® AUTHORITY

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