NextGen College Investing Plan®

Addendum to NextGen Account Application

Rev: 03-2011

INSTRUCTIONS: You must use this Addendum to receive a $500 Harold Alfond College Challenge Grant and/or authorize FAME to discuss your NextGen account activity with an interested party. You will need to complete a separate Addendum for each NextGen account. Send the Addendum and the completed NextGen Account Application (if applicable) to: **FAME, PO Box 949, Augusta, ME 04332-0949**

1. IDENTIFY THE NEXTGEN ACCOUNT OWNER AND THE ACCOUNT BENEFICIARY

NEXTGEN ACCOUNT OWNER

Name: _____
Last, First, Middle Initial

Daytime Telephone: _____

Email: _____

NEXTGEN ACCOUNT BENEFICIARY

Name: _____
Last, First, Middle Initial

Social Security Number: ___ - __ - ____

Date of Birth (mm/dd/yyyy): __ / __ / ____

2. GRANT ACCEPTANCE TO RECEIVE A $500 ALFOND GRANT

Read and sign this certification to accept the Alfond Grant and submit to FAME on or before the baby's first birthday.

I accept the Alfond Grant offer and I certify that my NextGen account beneficiary is currently a Maine resident. I understand that FAME may require additional information from me to verify residency. I have read and agree to all Terms and Conditions of the Harold Alfond College Challenge. I have read and understand FAME's NextGen Privacy Policy and I further authorize FAME to share my nonpublic personal information and information about my account activity in order to conduct research to evaluate and improve the Harold Alfond College Challenge Grant, which may include publishing of aggregated non-personally identifiable information. FAME may also share my information with the Alfond Scholarship Foundation for its noncommercial charitable, educational and aspirational purposes. I understand that if investment option(s) were not selected on a NextGen Client Direct Series Account Application, any contributions will be allocated 100% to and invested in the appropriate iShares Age-Based Portfolio, unless and until I direct differently in accordance with procedures for making investment changes.

X _____
Signature of NextGen Account Owner

_____
Date

INTERNAL USE ONLY

3. AUTHORIZATION TO SHARE NEXTGEN ACCOUNT INFORMATION (Optional)

Provide the following information to authorize FAME to speak with another person about your NextGen account.

I authorize FAME to discuss account activity for the NextGen account identified on this Addendum with the individual named below. I understand that this individual cannot initiate, approve or otherwise authorize any transactions or changes on the account.

Authorized Person's Name: _____
Last, First, Middle Initial

Relationship to Account Owner: _____

Authorized Person's Social Security Number (last four digits): X X X - X X - ____

Authorized Person's Date of Birth (mm/dd/yyyy): __ / __ / ____

X _____
Signature of NextGen Account Owner

_____
Date

INTERNAL USE ONLY