



THE PROMISE

Existing Account Form

I HAVE A COLLEGECHOICE 529 DIRECT ACCOUNT ALREADY FOR MY CHILD AND WOULD LIKE TO USE THE ACCOUNT TO JOIN THE PROMISE PROGRAM AND BECOME ELIGIBLE FOR ANY INCENTIVES.

ADULT (Account Owner)

Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____

CHILD (Beneficiary)

Last Name: _____ First Name: _____ MI: _____
School Name: _____
County Where School is Located: _____ Grade Level: _____

☐ **Please allow the account for the beneficiary listed above to be included in the Promise program and eligible for all incentives. I agree to the participation waiver below.**

Signature: _____ Date: _____

Participation Waiver: My signature above indicates that I am the Account Owner and I give my child permission to participate in Promise Indiana. I authorize Promise Indiana, CollegeChoice 529 Direct Savings Plan, my child's school district, and any appropriately necessary related entities to use my child's participation data and my survey responses in any related form or manner needed to accomplish the registration process. I understand and agree that the data and survey responses may be used as part of research within this initiative and to explore similar programs. However, no information about my child will be disclosed to any entity, person, or company outside the research process. The research staff will maintain my child's confidentiality by not revealing his/her name, but merely the data collected itself.

I also give my permission to Promise Indiana to use any video film, footage, sound track recordings, and photos taken of me and/or my child in connection with Promise Indiana to further promote this program in a responsible and professional manner, including providing it to others. Promise Indiana agrees that neither my child nor I will be identified in any such reproductions, unless I give consent. Further, my name nor my child's name will be used to suggest that we have endorsed any particular commercial product or service of Promise Indiana. I release and discharge Promise Indiana, the State of Indiana, the Indiana Education Savings Authority, Ascensus Broker Dealer Services, Inc. and its affiliates, and anyone working with these entities from any and all claims in connection with the use and reproduction of me or my child in any video film, footage, sound track recordings, and photo reproductions in which we appear. I provide the above consents and permissions without any expectation of payment of any kind, and agree I cannot file any claim in the future.