



P.O. Box 29217 Shawnee Mission, KS 66201-9217
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1 ACCOUNT TYPE

- If owner is a minor, also complete section 4.

Individual Owner (755) Scholarship Provider (067) Trust (861)
 UGMA/UTMA (858) Minor-Owned/Coverdell ESA Rollover (858) Corporation (755)
 This beneficiary/student has an existing Coverdell ESA with Waddell & Reed. Yes No 100 or more eligible employees

2 OWNER INFORMATION

2A INDIVIDUAL OWNER'S INFORMATION:

- For Individual Owner, UGMA/UTMA, Minor-Owned, or Coverdell ESA Transfer account types.

 Full Legal Name of Owner Daytime Phone Number Evening Phone Number

 Social Security No. or Taxpayer ID Date of Birth (MM/DD/YYYY) Relationship to Responsible Individual (if applicable)

 Legal Address (a U.S. residential address is required; a PO Box is not permitted)

 City/State/Zip
 U.S. Citizen Other _____
 (Specify Country)

2B NON-INDIVIDUAL OWNER'S INFORMATION:

- For Scholarship Provider, Trust or Corporation account types.
- A Scholarship Provider account may be opened by a state or local government or a 501(c)(3) organization as the account owner.
- A Scholarship Provider account is used to fund scholarships for persons whose identity will be determined after an account is opened.

 Name of Entity/Organization/Trust Tax ID Number/Employer ID Number

 Name of Trustee(s) (if applicable) Date of Trust (if applicable) (MM/DD/YYYY)

 Social Security No. or Taxpayer ID Date of Birth (MM/DD/YYYY)

 Legal Address (a U.S. residential address is required; a PO Box is not permitted)

 City/State/Zip

3 DESIGNATED BENEFICIARY

- **DESIGNATED BENEFICIARY** - the individual for whom the account or contract is established for the purpose of paying future college costs.

Name of Beneficiary _____ Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Legal Address (a U.S. residential address is required; a PO Box is not permitted) _____
 U.S. Citizen Other _____ (Specify Country)

City/State/Zip _____

The designated beneficiary/student, named within this section, has an existing Coverdell ESA with Waddell & Reed. Yes No

4 RESPONSIBLE INDIVIDUAL

- **RESPONSIBLE INDIVIDUAL** - the person responsible for signing and maintaining a 529-plan account in the event that the Account Owner is a minor.

Name of Responsible Individual _____ Daytime Phone Number _____ Evening Phone Number _____

Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Legal Address (a U.S. residential address is required; a PO Box is not permitted) _____

City/State/Zip _____

U.S. Citizen Other _____ (Specify Country)

5 ACCOUNT MAILING ADDRESS

- The account mailing address will be used to send account information to you, including confirmations, statements, and tax forms.

Same as Primary Owner's Legal Address

Address _____

City _____ State _____ Zip _____

6 SUCCESSOR

Successor Owner:

- For individual owner registration.
- In the event of the account owner's death, the following individual becomes the account owner.
- If a successor is not listed, the Designated Beneficiary will become both the Owner and the Designated Beneficiary.
- If the minor Designated Beneficiary becomes both the Owner and the Designated Beneficiary, a court appointed Responsible Individual may be required.

Successor Responsible Individual:

- For minor owned account.
- In the event of the death of the Responsible Individual, the following individual is hereby designated as the Successor Responsible Individual.
- If a successor is not listed a court appointed Responsible Individual may be required.

Name of Individual/Entity _____ Social Security No./Employer ID No _____ Date of Birth (MM/DD/YYYY) _____

Legal Address (a U.S. residential address is required; a PO Box is not permitted) _____
 U.S. Citizen Other _____ (Specify Country)

City/State/Zip _____

7 INVESTMENT INFORMATION

Select all that apply:

1. Check for \$ _____ payable to Ivy Funds is enclosed.
- Minimum Initial Investment: \$750.00 per fund or \$150.00 per fund with an Automatic Investment Service (AIS) (complete sections 11A & 11B).
2. Transfer from an Ivy Funds account.
- This may be a taxable transaction.
 - If the account owner(s) on the current account is not the same as this account, attach an Account Service Request or a letter of instruction signed by account owner(s).
 - If the custodian of the current UGMA/UTMA is not the responsible individual on the Ivy Funds InvestEd 529 Plan, attach a letter of instruction signed by the custodian.
 - If you are transferring an UGMA/UTMA account, the Ivy Funds InvestEd 529 Plan must be registered with the child as both the account owner and designated beneficiary.

Account Number	Fund Number(s)	Amount <small>(Indicate dollars, shares or whole percentage. If amount is left blank, "All" will be assumed.)</small>
_____	_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> SH <input type="checkbox"/> %
_____	_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> SH <input type="checkbox"/> %
_____	_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> SH <input type="checkbox"/> %

3. Rollover from another 529 plan or transfer from a Coverdell ESA or Qualifying Series EE Savings Bonds.
- Include a completed 529 Plan Rollover Request with the application.

8 INVESTMENT OPTION

Select ONE Portfolio Type (only one portfolio type allowed per account/application):

1. InvestEd Age-Based Portfolios
- I will participate in the Age-Based Portfolio established based on the age of the beneficiary.
 - Designated Beneficiary's Current Age will be calculated using the Date of Birth provided in section 2 or section 3.
 - Please see the current prospectus for InvestEd Portfolios for the current portfolios, target allocations, share class disclosures and other important information.

InvestEd Growth Portfolio	(Beneficiary ages 0-8)	801
InvestEd Balanced Portfolio	(Beneficiary ages 9-15)	802
InvestEd Conservative Portfolio	(Beneficiary ages 16 & up)	803

Amount

(Indicate dollars or whole percentage.
If amount is left blank, "All" will be assumed.)

_____ \$ %

2. InvestEd Static Portfolios

- I decline participation in the Age-Based Portfolio established based on the age of the beneficiary.
- I understand that by not selecting the age-based plan, the fund(s) selected will not change based on the age of the beneficiary.
- My ability to change the investment election will be restricted to once per calendar year per Account Owner/Designated Beneficiary.

InvestEd Growth Portfolio	801	InvestEd Balanced Portfolio	802	InvestEd Conservative Portfolio	803
Asset Strategy	406	Global Natural Resources	412	Mid Cap Growth	421
Bond	446	High Income	409	Money Market	423
Core Equity	401	International Core Equity	413	Real Estate Securities	448
Cundill Global Value	415	Large Cap Growth	420	Science and Technology	408
Dividend Opportunities	424	Limited-Term Bond	403	Small Cap Growth	402
Global Income Allocation	449				

Fund Number(s)

Amount

(Indicate dollars or whole percentage.
If amount is left blank, "All" will be assumed.)

_____ \$ %

_____ \$ %

_____ \$ %

_____ \$ %

_____ \$ %

_____ \$ %

9 REDUCED SALES CHARGE ON CLASS A SHARES

- You may be able to reduce the sales charges you pay on your new purchases of Class A shares through Rights of Accumulation if you already own Class A, Class B or Class C shares of Ivy Funds and/or InvestEd Portfolios ("Funds") in your account or in an account eligible for grouping with your account.
- In order to ensure that you receive the sales charge reductions allowed by prospectuses for the Funds, provide information in the space below to identify your new and existing accounts, and all accounts owned by related persons eligible for grouping (i.e., immediate family members living in the same household, such as your spouse and children under 21).
- If left blank, you may not receive reduced sales charges through Rights of Accumulation on new purchases of Class A shares.

Cumulative Discount Number _____

OR

Please list Account Numbers for all accounts eligible for grouping or Social Security Numbers/Taxpayer IDs for owners of accounts eligible to be grouped with your accounts under the prospectuses for the Funds.

10 LETTER OF INTENT

You may be able to reduce the sales charges you pay on Class A shares if you agree to invest a certain amount over a 13-month period through a Letter of Intent.

1. Do you currently have an existing Letter of Intent on file that entitles you to a further discount?
 - Yes *(No further action is required)*
 - No *(proceed to question 2)*
2. Will you benefit from a Letter of Intent based on the combination of your current assets and your future anticipated purchases?
 - Yes *(complete Letter of Intent - WR01CS0009)*
 - No

11 ACCOUNT OPTIONS

11A AUTOMATIC INVESTMENT SERVICE - Also complete Section 11B

- Initial investments may not be made by Automatic Investment Service.
- Minimum draft amount is \$50.00 per fund.
- Allow five business days for processing from the date your instructions are received by WI Services Company.
- If the Draft Date falls on a weekend or holiday, the transaction will be made on the following business day.

Fund Number(s)	Draft Date (MM/DD/YYYY)	Draft Amount (\$50 minimum per fund)	Frequency <i>(Check one - monthly will be assumed if none checked)</i>			
			Monthly	Quarterly	Semi-annually	Annually
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11B BANK INFORMATION

- Attach a voided check preprinted with bank account owner information.
- As an alternative to a voided check, we will accept a letter from the bank where the account is held verifying the account owner(s) names, ABA routing number, and bank account number. This information must be sent in on bank letterhead and signed by an authorized individual for that bank.
- If a company check is provided, include a signed Authorizing Resolution.

Select One: Checking Account Savings Account

If the Mutual Fund account and the bank account DO NOT include at least one common owner, I (we) hereby represent that all persons necessary to authorize transactions in the bank account have signed below.

Signature of Bank Account Owner

Signature of Bank Account Owner

Your Name _____

Your Address _____

Pay to the order of _____

Your Bank _____

For _____

0201020102 0201020102 0201

Authorization to honor checks drawn by WI Services Company.

As a convenience to me, I hereby request and authorize you to pay and charge the account identified above, debit entries drawn on the account by WI Services Company provided there are sufficient funds in the account to pay the same on presentation. This authorization shall remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected by honoring any such debit entry. I agree that your rights in respect to any debit entry shall be the same as if it were a check signed personally by me. I further agree, that if any such debit entry be dishonored, whether intentionally or inadvertently, you shall be under no liability whatsoever.

Attach voided check preprinted with account information. DO NOT STAPLE.

12 BROKER/DEALER INFORMATION (Required)

Name of Broker/Dealer Firm

Name of Representative

Representative Number

Broker/Dealer Firm Number

Branch Number

Representative Phone Number

Representative Fax Number

Branch Office Address

Representative Address

City/State/Zip

City/State/Zip

Representative Email Address

13 ACKNOWLEDGEMENTS

- By signing this Account Application, I hereby acknowledge and agree that I have received a copy of the Account Owner Agreement for the Ivy Funds InvestEd 529 Plan, that the Account Owner Agreement is expressly incorporated herein by this reference and that the Account Owner Agreement shall become effective immediately upon the signing of this Account Application.
- I certify this account is being opened to provide funds for the qualified higher education expenses of the beneficiary on the account. To the best of my knowledge, the contributions should not cause the balances in all qualified state tuition programs for such beneficiary to exceed the maximum contribution limit for the program.¹
- I have received a copy of the current Program Overview for the Ivy Funds InvestEd 529 Plan, (529-OVERVIEW) and agree to the terms and conditions therein and herein.
- I have not relied on any representation or other information, whether oral or written, other than the information set forth in the Prospectus for the funds selected, the Program Overview and the Account Owner Agreement that accompanied the Prospectus and this Account Application.
- I consent to the householding (delivery of a single Prospectus, shareholder report and/or Proxy Statement to a shared address) for any current or future fund within the Ivy Fund Family.
- I have had an opportunity to review the Privacy Notice and /or otherwise agree to receive a copy of the Privacy Notice with the account information.
- I understand an investment in a fund is not a deposit in a bank, and is not insured or guaranteed by the Federal Deposit Insurance Corporation (FDIC) or any other governmental agency.
- I understand: (i) the state of Arizona does not insure this investment account; (ii) neither the principal amount invested nor any investment return is guaranteed by the state of Arizona, WI Services Company or any of its affiliated companies, the funds or by any other person; (iii) the value of this account may increase or decrease, based on the investment performance of the funds to which the contributions are allocated; (iv) no person makes any guarantee I will not suffer a loss of amounts contributed to the account or that the value of the account will be adequate to fund actual higher education expenses.
- I understand participation in the program does not guarantee that any designated beneficiary: (i) will be accepted as a student by any institution of higher education; (ii) if accepted, will be permitted to continue as a student; (iii) will be treated as a state resident of any state for tuition purposes; (iv) will graduate from any institution of higher education; or (v) will receive any particular treatment under applicable state, federal or other financial aid programs.
- I understand the account (and any interest in the account) may not be pledged or used as security for a loan.
- If I am transferring funds from an existing Ivy Account or any other account, I understand the transfer will be treated as redemption or sale of assets in that account, and that such a transfer may be a taxable transaction.
- If I am transferring funds from an existing account subject to the Uniform Gift/Transfers Minors Act (UGMA/UTMA), or similar state law, I understand: (i) the transfer will be treated as a redemption or sale of account assets that may be a taxable transaction; (ii) the beneficiary must be named as the owner of the account; (iii) such account may be viewed as an asset of the beneficiary for purposes of federal, state or other financial aid programs; (iv) there are variations in the state law treatment with respect to UGMA/UTMA Accounts and transfers from such accounts, and I should consult with tax and/or legal advisors with respect to such issues.
- I understand I will have no ability to direct the investment made by the funds. I further understand that under current rules, I will be able to change the investment option made with respect to the amounts contributed, only once per calendar year or upon a change in the beneficiary on the account.
- I understand and agree any dividend and capital gain distributions made by a fund will be automatically reinvested in additional shares in such fund.
- I understand: (i) the state of Arizona, WI Services Company or any of its affiliated companies, and the funds do not guarantee and are not responsible for any favorable tax treatment or tax benefits with respect to the funds and the program; (ii) the tax laws may change, and that they vary among different states² and depend upon individual situations and circumstances; (iii) there may be federal gift tax, federal estate tax or federal generation skipping transfer tax consequences that result from making contributions and/or changing the beneficiary and/or account ownership, and there may also be consequences under state tax or state probate or other state laws. I understand it is my responsibility to consult with our own attorney or tax advisor with respect to the tax and other consequences of investing in the funds and the program.
- I understand there is no guarantee the funds will remain as an investment option for the program during the entire period planned or necessary to save for the education expenses of the beneficiary. Under certain circumstances this may result in a transfer by the state of Arizona of the account to another financial situation. Such a transfer could result in a change in investment strategy.

1 No contribution may be made to an account if it would cause the sum of the balances in all section 529 Accounts with the same beneficiary as of the first day of the account year plus contributions made during the account year less withdrawals during the account year to or from any such account to exceed the lesser of (a) the cost in current dollars of qualified higher education expenses the account owner reasonable anticipates the designated beneficiary will incur, or (b) a balance limit established by the Commission. The balance limit will be adjusted each year (currently based on a formula that takes into account an index of average costs at private colleges), and the Commission may also set a lower balance limit if it determines that a lower limit is required for the program to qualify under Section 529 of the Internal Revenue Code. WI Services Company will not accept all, or a portion of a contribution, if it determines that such contribution would cause the sum of the account balance for the designated beneficiary to exceed the balance limit. Under current Arizona law, any excess contributions with respect to a beneficiary must be promptly withdrawn as a non-qualified withdrawal or rolled over to an account for a different beneficiary.

2 Under current law, any Arizona income tax on any account earnings is deferred until withdrawal, and withdrawals for qualified higher education expenses are also exempt from Arizona income tax. The earnings portion of any non-qualified withdrawals will generally be taxable to Arizona residents. Residents of other states should contact their tax advisor to determine the state tax consequences of an investment in the program in their own state and whether investing in their state's program would offer tax benefits not available to them when opening an Ivy Funds InvestEd 529 Plan account.

