CollegeAdvantage Direct 529 Savings Plan

Account Application



Read the Offering Statement and Participation Agreement before opening an Account as it contains important information you need to know before investing in the CollegeAdvantage Direct 529 Savings Plan.

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account certain personal information — including name, street address, date of birth, and Social Security Number/Taxpayer Identification Number among other information — that will be used to verify your identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Open an Account at www.CollegeAdvantage.com or complete this form to establish an Account.
- Your initial investment, by any source of funds, must total at least \$25 unless you are selecting a Fifth Third 529 Certificate of Deposit CDs require a \$500 minimum contribution.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.CollegeAdvantage.com**, or you can call us to order any form — or request assistance in completing this form — at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to:

CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305 Kansas City, MO 64121-9305 For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 920 Main Street, Suite 900 Kansas City, MO 64105

Account type

- Select one of the Account types below.
- If you do not select an Account type, we will open an Individual Account for you.



Individual Account. I am opening a new 529 Plan Account.

UGMA/UTMA Account. I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.



2. Account Owner information (The Account Owner is the person who controls the Account. This person must be at least 18

years old.)

3.

]]][]]		7
Legal	Name (Fil	rst nai	ne) (Req	uired)																									(M.I	!.)
Legal	Name <i>(La</i>	st nar	ne) (Req	uired)																										
Socia	Security] — Numb	er or Tax	 payer	- Identifi] icatio] [n Nun	nber (/	Requ	ired)	I						Birth	Date] — e (mm,	/dd/y] /yyy)(Requ	uired)]			
Citize	nship <i>(lf o</i>	ther ti	han U.S.	citizeı	n, pleas	se ind	icate	count	ry of	citizer	nship	.) (Re	quir	ed)]											
Telep	hone Num	 ber <i>(lı</i>	case w	e have] — e a que	stion] about	t your.	Acco] unt.) (Req	uirea	IJ																		
Email	Address																														
Perma	anent Stre	et Add	lress (P. C). box	or rura	 route	e num] ber is	not a] accep] table	.) (Re	equir	ed)																	
City																	State) [Zip	Code										
Accou	Int Mailing	g Addr	ess if dif	ferent	from a	above] (This] addre	ss wi] ill be i] used	as th	e Acc		t's a	ddres	ss of I	recor	d and] for a] [ount	maili	ngs.,) (Re	quir	ed)				
City																	State	 e		 Zip	Code										
activ	count (vities, fe ccount.)	derai	law re	equire	es all	finar	cial	insti																							
Accou	unt Owner	's driv	ver's lice	nse or	state-] issue] d I.D.	card i	lumb) Der <i>(</i> 7-] 15 di	gits)					State]	Exp	iratio] — n dat	- [.e (mn	n/dd,	 /yyyy	 1					
ls this	a driver's	licen	se or sta	nte-iss	ued I.C). card	d? Ple	ease cl	neck	one:			Drive	er's l	licen	se		I.D.	card												
Accou	unt Owner	's mo	ther's ma	aiden	name																										
Are y	ou a non-l	J.S. pi	erson wi	th mo	re than	\$500),000	inves	ted ir	n Colle	egeA	dvan	tagei)			1	No				Y	es								
foreig	ou a Senic In governr f these pe	nent-o	wned co												<i>(</i> ,		1	No				Y	es								

4. Beneficiary information (*The Beneficiary is the future student whose qualified higher education expenses will be paid from the Account.*)

Bene	ficia	ry Leg	jal Nai	me (Fi	rst n	ame)	(Req	uired)																							
Bene	ficia	ry Leg	gal Na	me (La	ast n	ame)	(Req	uired,)			1																				
]]																							
Bene	ficia	ry Rel	ations	hip to	Acc	ount	0wne	J L er																								
			1_			1_					٦										1_			1_					1	٦		
Bene	ficia	ry Soc] cial Se	Curity	Num] 1ber o	r Tax) Dayer	ldent	 tificat	_ ion l	Num	ber (/	Req	uirea	1)			Birt	l L h Date] e (mn	n/dd/y	 (yyy) (] Requ	lired	_ L V						
																						י ר										
Citize	nchi	in //f.c	other ti	hanIl	S c	itizon	nloa	co ind	licato		tru	of cit	izone	hin	/Pa	miro	d)															
	ensm	ih (11 c	uner u	nan U	3. U	luzen,	piea	se mu	icale	COUN	uyu	JI CIL	IZENS	шр.,	(nei	Juire	<i>u)</i>															
	Che	eck if E	Benefi	ciary'	s ado	dress	is the	same	e as A	Αссоι	int C)wne	er, otł	nerv	vise o	compl	ete 1	he fo	lowin	g:												
		1							1																							
Bene	ficia	ry Ma	iling A	ddres	S																											
																		-			٦											_
							11		11			- 11	- 11		11	11	11															
			or O																Sta			·	Code					_				
Suc • Th • Yo	ne S ou m	lucce nay re	essor evoke	Owr e or d	er v har	will t nge t	ake he S	conti ucce	rol a sso	of the r Ow	e Ao /nei	ccoi r at	unt i	n tł	ne ev	vent	of t		ссои	nt Oי		r's de	eath		-						State	Ē
Suc • Th • Yo an	ne S ou m o <i>d Pa</i>	lucce nay re Partici	essor evoke <i>ipatic</i>	Owr e or c on Ag	er v har gree	will t nge t e <i>men</i>	ake he S t for	contr ucce more	rol o esso e inf	of the r Ow form	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						`` `tate	-
Suc • Th • Yo an	ne S ou m o <i>d Pa</i>	lucce nay re Partici	essor evoke	Owr e or c on Ag	er v har gree	will t nge t e <i>men</i>	ake he S t for	contr ucce more	rol o esso e inf	of the r Ow form	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						`` Ctate	Ē
 Suc Th Yo Article 	ne S ou m nd Pa ne pr	fucce hay re <i>Partici</i> ersoi	essor evoke <i>ipatic</i> n you	Owr e or c on Ag i des	er v har gree	will t nge t <i>men</i> ate a	ake he S <i>t</i> for s Su	contr ucce more cces	rol c esso e inf sor	of the r Ow form Own	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						Ctate	e
 Suc Th Yo Article 	ne S ou m nd Pa ne pr	fucce hay re <i>Partici</i> ersoi	essor evoke <i>ipatic</i>	Owr e or c on Ag i des	er v har gree	will t nge t <i>men</i> ate a	ake he S <i>t</i> for s Su	contr ucce more cces	rol c esso e inf sor	of the r Ow form Own	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						Ctate	e
 Suc Th Yo Article 	ne S ou m nd Pa ne pr	fucce hay re <i>Partici</i> ersoi	essor evoke <i>ipatic</i> n you	Owr e or c on Ag i des	er v har gree	will t nge t <i>men</i> ate a	ake he S <i>t</i> for s Su	contr ucce more cces	rol c esso e inf sor	of the r Ow form Own	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						````````````````````````````````	Ē
Suc • Th • Yo an • Th Succe	ne S ou m <i>nd Pa</i> ne pr essor	ay re Partici ersoi	essor evoke <i>ipatic</i> n you	Owr e or c on Ag i des gal Na	er v har gree igna me (will t nge t men ate a (<i>First i</i>	ake he S <i>t</i> for s Su]	contr ucce more cces	rol c esso e inf sor	of the r Ow form Own	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-							-
Suc • Th • Yo an • Th Succe	ne S ou m <i>nd Pa</i> ne pr essor	ay re Partici ersoi	essor evoke <i>ipatic</i> n you l ler Leg	Owr e or c on Ag i des gal Na	er v har gree igna me (will t nge t men ate a (<i>First i</i>	ake he S <i>t</i> for s Su]	contr ucce more cces	rol c esso e inf sor	of the r Ow form Own	e Ao vnei atic	r at on.	unt i any	n tł tim	ne ev ne. S	vent ee ti	of t ne C	Colle	ccou geAd	nt Oי		r's de	eath		-						`` <i>tate</i>	
Succe	ne S pu m nd Pa ne pu essor	lucce hay re Partici ersol crown r Own	essor evoke <i>ipatic</i> n you l ler Leg	Owr e or c on Ag i des gal Na	er v har gree igna me (will t mge t men ate a [/ <i>First I</i> []]	ake he S t for s Su	contr ucce more cces	rol o esso e inf sor	of the rown of the of t	e Aconeriation	ccoi r at on. mu :	unt in any st be	n th tim e at	ne ev ne. S t lea	vent ee ti ast 1	of t ne (8 ye	Colle	ccou geAd old.	nt 0 vant	age]]	r's de Dire	eath	29 Sa]]	avin	gs 	Plar		(feri)			
Succe	ne S pu m nd Pa ne pu essor	lucce hay re Partici ersol crown r Own	essor evoke <i>ipatic</i> n you Neer Leg leer Leg leer Leg	Owr e or c on Ag i des gal Na	er v har gree igna me (will t mge t men ate a [/ <i>First I</i> []]	ake he S t for s Su	contr ucce more cces	rol o esso e inf sor	of the rown of the of t	e Aconeriation	ccoi r at on. mu :	unt in any st be	n th tim e at	ne ev ne. S t lea	vent ee ti ast 1	of t ne (8 ye	Colle	ccou geAd old.	nt 0 vant	age]]	r's de Dire	eath ct 52	29 Sa]]	avin	gs 	Plar		(feri)			
Succession	ne S pu m nd Pa ne pu essor	fucce hay re <i>Partici</i> ersol r Own Com r Own	essor evoke ipatic n you ler Leg ler Leg ler Leg	Owr e or c on Ag i des gal Na gal Na gal Na	er v har igna me (me (will t nge t men te a first n first n (Last r ty Nun	ake he S t for s Su	contr ucce more cces	rol o esso e inf sor	of the rown of the of t	e Aconeriation	ccoi r at on. mu :	unt in any st be	n th tim e at	ne ev ne. S t lea	vent ee ti ast 1	of t ne (8 ye	Colle	ccou geAd old.	nt 0 vant	age]]	r's de Dire	eath ct 52	29 Sa]]	avin	gs 	Plar		(feri)			
Succession	ne S pu m nd Pa ne pu essor	fucce hay re <i>Partici</i> ersol r Own Com r Own	essor evoke <i>ipatic</i> n you Neer Leg leer Leg leer Leg	Owr e or c on Ag i des gal Na gal Na gal Na	er v har igna me (me (will t nge t men te a first n first n (Last r ty Nun	ake he S t for s Su	contr ucce more cces	rol o esso e inf sor	of the rown of the of t	e Aconeriation	ccoi r at on. mu :	unt in any st be	n th tim e at	ne ev ne. S t lea	vent ee ti ast 1	of t ne (8 ye	Colle	ccou geAd old.	nt 0 vant	age]]	r's de Dire	eath ct 52	29 Sa]]	avin	gs 	Plar		(feri)			-

6. Investment Option selection

- Before choosing your Investment Option(s), see the Offering Statement and Participation Agreement (also available at www.CollegeAdvantage.com) for complete information about the investments offered.
- If you would like to choose investment portfolios for your initial funding complete Section A. If you would like to invest in a Certificate of Deposit complete Section B. If you select Section A, the portfolio percentages you select will be your Future Contribution Allocation Instructions until you notify us otherwise. Please consider your investment time horizon when selecting Investment Option(s).

A. Investment Portfolios

- You must allocate at least 1% of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%.**
- The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

Ready-Made Age-Based Portfolios

The asset allocation within your selected investment portfolio will automatically adjust over time to become more conservative as the Beneficiary approaches college age.

Vanguard Aggressive Age-Based Portfolio

Vanguard Moderate Age-Based Portfolio

%		
%		
%		

Vanguard Conservative Age-Based Portfolio

Year of Enrollment Date Portfolios

The asset allocation of money invested in the Year of Enrollment Date Portfolios is automatically adjusted over time to become more conservative as the Beneficiary approaches enrollment. Your assets will be automatically invested in the Year of Enrollment Date Portfolio that matches your Beneficiary's date of birth.

Advantage Age-Based Portfolio

	%
--	---

Ready-Made Risk-Based Portfolios

Vanguard Aggressive Growth Index Portfolio	<u> </u>
Vanguard Growth Index Portfolio	<u> </u>
Vanguard Moderate Growth Index Portfolio	%
Vanguard Conservative Growth Index Portfolio	<u> </u>
Vanguard Income Portfolio	%

Individual Investment Options

MUTUAL FUND BASED OPTIONS

International Equity Options (Stocks)

Dimensional Fund Advisors World Ex. U.S. Core Equity Portfolio

Vanguard Total International Stock Index Option

U.S. Equity Options (Stocks)

Vanguard Strategic Equity Uption
Vanguard Extended Market Index Option
Vanguard U.S. Growth Option
Vanguard Windsor II Option
Vanguard 500 Index Option

Balanced Option (Mix of Stocks and Bonds)

Vanguard Wellington Option

Fixed Income Options (Bonds)

Vanguard Corporate High Yield Option
Dimensional Fund Advisors Investment Grade Portfolio

Vanguard Total Bond Market Index Option

Vanguard Short-Term Inflation-Protected Bond Index Option

Capital Preservation Option (Cash)

Vanguard Money Market Option

		%
--	--	---

%

%

%

%

%

%

%

%

%

%

%

%

%

BANKING OPTIONS (Cash) (FDIC-insured to certain limits)

Fifth Third 529 Savings Account

Total

1 0 0 %



7.

B. BANKING OPTIONS - Fifth Third 529 CD

Fifth Third 529 Certificate of Deposit (CD). CDs require a \$500 minimum contribution. CD terms are available between
3 months and 144 months (12 years). Please enter the desired term of the CD (number of months). Example: for a 5 year CD
you would enter 060. PLEASE NOTE: If you have selected a Certificate of Deposit as the only initial funding, your future
allocation will default to 100% Fifth Third 529 Savings Account unless you log in to your Account and update your Future
Contribution Allocation Instructions.

\$,CD	
Dollar Amount	Term

Contribution Method

- The minimum initial contribution is \$25, unless you are selecting a Fifth Third 529 Certificate of Deposit CDs require a \$500 minimum contribution.
- Contributions by any source of funds will not be available for withdrawal for seven business days following each contribution.

Source of funds (Check all that apply.)

A. Personal check. Important: All checks must be made payable to Ohio Tuition Trust Authority. \$	
B. Electronic Bank Transfers (EBT). Through EBT, you can make a contribution whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EBT contributions. To set this up, you must provide bank information in Section 7d. (<i>The amount below will be a one-time EBT contribution to open your Account.</i>) \$	
C. Automatic Investment Plan (AIP). You can have a set amount automatically transferred from your bank account on the frequency you specify. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your CollegeAdvantage Direct Account. You may change the investment amount and frequency at any time by logging on to your Account at www.CollegeAdvantage.com or by calling 1-800-AFFORD-IT (233-6734). Important: To set up this option, you must provide bank information in Section 7d.	
Amount of Debit: \$, 0 0 Amount	
Frequency (Check one.): Monthly Quarterly Semi-Annual Annual Start Date:* Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy) Date (mm/dd/yyyy)	
*The Program must receive instructions at least three business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.	
 Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation. Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market. 	
Amount of increase: Month:** **Please write out the month you wish your AIP contribution to increase. The first increase will occur at the first instance of	

**Please write out the month you wish your AIP contribution to increase. The first increase will occur at the first instance of the month selected, which could occur in the current year. Annual AIP increases are subject to the general contribution limits of CollegeAdvantage Direct and will also count toward annual federal gift tax exclusion limits.

DO NOT STAPLE

D. Bank information. Required to establish the EBT or AIP service.

Important: By signing this Account Application, you agree and confirm that your use of the Automated Clearing House ("ACH") Network will not result in transfers to or from a financial institution outside of the Unites States. You also understand it is your responsibility to notify CollegeAdvantage if any changes to your status occur that may require funds to be sent to or from a financial institution outside of the United States.

Bank Name				
		Account Type:		
Bank Routing Number	Bank Account Number	(Check One.)	Checking	Savings

E. 🛄 Indirect Rollover from an Education Savings Account (ESA), qualified U.S. Savings Bond, or another 529 plan.

You can transfer money from one of these options to your bank account and from there, to the CollegeAdvantage Direct Account.

Important: Indirect Rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified withdrawal from your CollegeAdvantage Direct Account.

- Indirect Rollover from another 529 plan or an ESA—Enclose documentation from the distributing financial institution showing contributions and earnings.
- Indirect Rollover from qualified U.S. Savings Bonds Include a statement or IRS Form 1099-INT, issued by the distributing financial institution, that shows the interest paid as of the redemption date.

\$	\$
Contributions	Earnings

F. Direct Rollover. You must complete and enclose an Incoming Rollover Form for processing this transaction. The form is available at our website, www.collegeadvantage.com, under the Forms heading at the top of the page.

G. Payroll Deduction. If you want to make contributions to your CollegeAdvantage Direct Account directly as a Payroll Deduction, you must contact your employer's payroll office to verify that you can participate. By completing this section, a Payroll Deduction Confirmation Form will be automatically sent to you. The form will require your signature and your Social Security Number or Taxpayer Identification Number. Please complete and submit the form to your employer's payroll office. Your payroll deduction instructions will not take effect until your employer has accepted your signed form. The amount you indicate below will be in addition to Payroll Deduction that you may have previously established for other CollegeAdvantage Direct Accounts.

Amount of Payroll Deduction each pay period (\$25 minimum): \$

8. SIGNATURE—YOU MUST SIGN BELOW

We must have your signature to process your Application and to certify your Social Security Number, which is located in **Section 2**. By signing below, I certify that:

- I AM AGREEING TO THE TERMS OF THE CURRENT OFFERING STATEMENT AND PARTICIPATION AGREEMENT 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 AND UNDERSTAND THE CURRENT OFFERING STATEMENT AND PARTICIPATION AGREEMENT FOR THE COLLEGEADVANTAGE DIRECT 529 SAVINGS PLAN OFFERED EXCLUSIVELY THROUGH THE OHIO TUITION TRUST AUTHORITY, AND AGREE TO THE TERMS THEREIN AND HEREIN. THIS APPLICATION, TOGETHER WITH THE OFFERING STATEMENT AND PARTICIPATION AGREEMENT, CONSTITUTES MY CONTRACT WITH THE OHIO TUITION TRUST AUTHORITY WITH RESPECT TO AMOUNTS INVESTED IN THE PLAN.
- The information provided on this form is true and correct. The Successor Trustee, Beneficiary and myself (Trustee) are U.S. citizens or resident aliens. The Social Security Numbers in **Section 2, 4**, and **5** are correct.
- The Ohio Tuition Trust Authority 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 and accepted by the Tuition Trust or its designee.
- If participating in Electronic Bank Transfers (EBT), my signature below authorizes the Ohio Tuition Trust Authority or its designee to
 initiate the debit entries to my bank account indicated above, and the bank indicated above to debit the same account. I agree to
 indemnify and hold harmless my bank and the Ohio Tuition Trust Authority or its designee 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 Ohio Tuition Trust
 Authority or its designee, with reasonable time given to implement my request.
- In accordance with federal law, I understand the CollegeAdvantage Program Administrators are 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. In addition, my signature below authorizes Ohio Tuition Trust Authority personnel to access my personal confidential information as necessary for the administration of my account. The information I provide may be shared with third parties for the purpose of verification subject to the terms of the CollegeAdvantage Administrators' privacy policies. The Ohio Tuition Trust Authority is unable to accept this new account if any required information is not provided. If the CollegeAdvantage Program Administrators are unable to verify the Account Owner's identity, this account will be closed and the assets in the account distributed at the share value.
- If I am not an Ohio resident or taxpayer, I understand that the state in which I or my Beneficiary resides may offer state tax or other benefits to its residents or taxpayers who invest in that state's 529 Plan.
- I understand that under federal tax law any rollover to another state's 529 Plan 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 *Offering Statement and Participation Agreement*, or consult my professional tax advisor.
- I understand that any investment in a CollegeAdvantage mutual fund-based investment option is not insured or guaranteed by the FDIC or any other governmental agency or other party, including the State of Ohio, the Ohio Tuition Trust Authority or any of the mutual fund firms under contract with OTTA. Any investment in a Fifth Third investment option, however, is insured by the FDIC, up to the limits set by the FDIC. An investment in a CollegeAdvantage mutual fund-based investment option is not a direct investment in a mutual fund itself. Except for the Fifth Third investment options, participants assume all investment risk of an investment in CollegeAdvantage, including the potential loss of principal. I understand that the value of my account will vary depending on market conditions and the performance of the Investment Option(s) I select. Regular investing does not ensure a profit or protect against a loss. The amount actually available for withdrawal will depend on the investment performance of the investment options chosen and may not provide for the qualified higher education expenses of my Beneficiary.

Note: If you select any of the Fifth Third Bank Investment Options, then your signature below, together with this application and the *Offering Statement and Participation Agreement*, which includes Fifth Third Bank's Rules, Regulations, Agreements and Disclosures, constitutes the Deposit Agreement between you and Fifth Third Bank.

Signature of Account Owner (*Required*)

Date (mm/dd/yyyy)



[PAGE LEFT BLANK INTENTIONALLY]

8