

Texas College Savings Plan® Enrollment Application



| Instructions

Print clearly in all CAPITAL LETTERS using blue or black ink.

When requested, please color in circles completely. For example: not not

Complete this form to establish a Texas College Savings Plan account.

- To enroll online visit www.texascollegesavings.com
- Please read the Plan Description and Savings Trust Agreement prior to investing. You can obtain a copy at www.texascollegesavings.com
- Before investing, you should check with your or your Beneficiary's home state to determine if it offers tax or other benefits for investing in any plan.
- If your mail is returned undeliverable and we don't hear from you and are unable to locate you for at least 2 years, your account may be transferred to the appropriate state within the time period specified by law.

If you have any questions, please call us at **1.800.445.GRAD (4723), option #3**, Monday through Friday from 8am to 6pm, Central Time.

Please mail or fax the completed form and any required documents to the following address:

**The Texas College Savings Plan
c/o NorthStar Financial Services Group, LLC
P.O. Box 540010
Omaha, NE 68154
Fax: 1.402.431.4452**

1 | Account Type

Important information about opening a new account

To help the government fight the funding of terrorism and money laundering activities, we are required by federal law to obtain, verify and record certain personal information that identifies each person prior to opening an account. This information includes the applicant's name and date of birth, street address, and Social Security number (SSN) or Tax Identification number (TIN).

If you are establishing an account using a Power of Attorney on behalf of an Account Owner, please call us at **1.800.445.GRAD (4723), option #3**, for instructions about how to properly establish the account.

If you are establishing a UGMA/UTMA account, you must complete the UGMA/UTMA form in addition to the Enrollment Application.

A. Individual (For a UGMA/UTMA account, do not fill out Section 1A.)

Name (first, middle initial, last) of Account Owner

Social Security number of Account Owner/Custodian (Required)

Date of Birth (mm/dd/yyyy)

Male Female

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

Street address (No P.O. Boxes)

City

State

Zip

Daytime phone number

Evening phone number

Email address (See Section 8)

Mailing address (if different from above)

City

State

Zip

Please fill out Section B if your Account Type is a Trust, 501(c)(3), Partnership or Corporation.

B. Trusts, 501(c)(3), Partnerships and Corporations (Check one. For a UGMA/UTMA account, do not fill out Section 1B.)

- Trust (Please include a copy of the title and signature pages of the Trust Document.)
- 501(c)(3) (Please include a copy of the ruling Determination Letter from the IRS.)
- Partnership (Please include a copy of the Partnership Agreement.)
- Corporation (Please include a copy of the Articles of Incorporation, certified by the Secretary of State or other government entity.)

Country of Incorporation/ Organization

United States (Entity must be incorporated/organized in the U.S. to be eligible to participate in the Plan.)

Name of Trust, 501(c)(3), Partnership or Corporation		Date of Trust (if applicable)
Social Security number/U.S. Taxpayer ID number	Phone number	Email address
Street address (No P.O. Boxes)		
City	State	Zip
Mailing address (if different from above)		
City	State	Zip

Trustee/Partner/Officer Information

Federal law requires that we obtain your name, street address, date of birth and Taxpayer Identification number prior to opening the account. This Trust, 501(c)(3), Partnership or Corporation entity account may have one or more authorized representatives.

To list additional Trustees/ Partners/Officers, attach a separate sheet.

Name of Trustee/Partner/Officer (first, middle initial, last)	Social Security number/U.S. Taxpayer ID number (Required)	
Street address of Trustee/Partner/Officer (No P.O. Boxes)		Date of Birth (mm/dd/yyyy)
City	State	Zip
Mailing address (if different from above)		
City	State	Zip
Name of Trustee/Partner/Officer (first, middle initial, last)	Social Security number/U.S. Taxpayer ID number (Required)	
Street address of Trustee/Partner/Officer (No P.O. Boxes)		Date of Birth (mm/dd/yyyy)
City	State	Zip
Mailing address (if different from above)		
City	State	Zip

2 | Designated Beneficiary Information

All information in this section is REQUIRED.

The Designated Beneficiary is the individual whose Qualified Higher Education Expenses will be paid from this Account. *(For a UGMA/UTMA account, do not fill out Section 2.)*

Designated Beneficiary's name (first, middle initial, last)

Social Security number

Date of Birth (mm/dd/yyyy)

Relationship to Account Owner

Male Female

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

Check here if the address is the same as the Account Owner or complete the following:

Street address (No P.O. Boxes)

City

State

Zip

3 | Successor Account Owner

You cannot designate a Successor Account Owner for a UGMA/UTMA. For UGMA/UTMA accounts, do not fill out Section 3.

You may name a Successor Account Owner for this Account. In the event of your death, ownership of all assets in the Account will be transferred to the Successor Account Owner. A Successor Account Owner will assume all rights with respect to the Account that the previous Account Owner had. Enforceability of a Successor Account Owner designation may vary by state. A transfer to a Successor Account Owner may have tax consequences. Consult your tax professional for more information.

Successor Account Owner's name (first, middle initial, last)

Social Security number

Date of Birth (mm/dd/yyyy)

Relationship to Account Owner

Male Female

U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

Street address (No P.O. Boxes)

City

State

Zip

For UGMA/UTMA accounts, the rest of this form must be completed.

The initial Contribution can be made through any of the following options. The minimum initial Contribution to an Account is \$25 per Portfolio, except in the case of Contributions by Automatic Investment Plan (AIP) or payroll deductions where the minimum initial Contribution amount is \$15.

Check: \$ _____

Checks should be made payable to “Texas College Savings Plan FBO (Name of your Designated Beneficiary).” Third party checks will only be accepted at the Plan Manager’s discretion. We do not accept money orders.

One-time Electronic Funds Transfer via Automated Clearing House (ACH)—One-time electronic transfer from your bank account. (Complete banking instructions in Section 6.)

Amount: \$ _____

Automatic Investment Plan (AIP)—Scheduled, recurring purchases from your bank account. A minimum of \$15 per portfolio is required. (Complete banking instructions in Section 6.)

Amount: \$ _____

Frequency: Monthly Quarterly

Timing: Purchase on the _____ day of the month. (If not provided, the purchase will occur on the 10th of the month. Normally the debit will occur the same business day as the purchase date.)

The AIP will begin immediately upon receipt of this application in proper form. Unless otherwise specified above, purchases will be made on the 10th day of the month or the 10th day of the first month of the quarter. If the purchase date is a weekend or holiday, the purchase will occur on or after the preceding business day.

Payroll Deduction—Enclose an Employee Payroll Deduction Form. You can obtain this form by calling **1.800.445.GRAD (4723), option #3**, or by downloading the form at www.texascollegesavings.com.

Before electing the Payroll Deduction option, you should verify that your employer is currently processing contributions through payroll direct deposit. If your employer is not currently set up to process contributions through payroll direct deposit, you should confirm your employer offers such a service and is able to meet the Plan Manager’s operational and administrative requirements. If your employer is interested in establishing the payroll deduction option, please have the appropriate personnel fill out the Employer Authorization Form, which can be downloaded at www.texascollegesavings.com.

Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account/ Qualified U.S. Savings Bond—Enclose Texas College Savings Plan Change of Trustee/Rollover Form. You can obtain this form by calling **1.800.445.GRAD (4723), option #3**, or by downloading the form at www.texascollegesavings.com.

Choose Your Portfolios

Indicate as a percentage how you would like your contribution to be deposited across the Age Based Portfolios, the Static Portfolios, and/or the Individual Fund Portfolios.

If you choose the Blended Age Based Portfolio as well as the Index Age Based Portfolio you will have two separate account numbers.

State/Local Government or 501(c)(3) Organizations: If you choose the Age Based Portfolio, please indicate the specific portfolio in which you would like your contributions to be deposited. Please see the Plan Description and Savings Trust Agreement for detailed portfolio information.

Age Based Portfolio(s) selected by government or 501(c)(3) organizations only: _____

I. Age Based Portfolios

Your investment portfolio will automatically change over time based on your Designated Beneficiary's age.

Age Based Portfolios	Initial Allocation*
Blended Age Based Portfolio	_____ %
Index Age Based Portfolio	_____ %

II. Static Portfolios

Your investment choice changes only on your instruction to the Plan Manager.

Blended Static Portfolios	Initial Allocation*
100% Equity Portfolio	_____ %
Balanced Portfolio	_____ %

Index Static Portfolios	Initial Allocation*
100% Equity Portfolio	_____ %
Balanced Portfolio	_____ %

III. Individual Fund Portfolios

Fixed Income Portfolio	_____ %
Inflation-Protected Bond Portfolio	_____ %
U.S. Government Money Market Portfolio**	_____ %
 Total	 _____ 100 %

*All future contributions will be allocated in the same manner as your initial investment allocation shown above. To make any changes, please sign on to www.texascollegesavings.com or call a Customer Service Representative at 1.800.445.GRAD (4723), option #3.

Bank account information is required to establish an Automatic Investment Plan or an Electronic Funds Transfer from your bank account.

You must include a voided check or a preprinted savings slip for a savings account. (Please do not tape or staple it to this application.)

Please allow sufficient time to process debit(s) from your account. Please choose which type of account you will be debiting.

Indicate account type: Checking Savings

I authorize NorthStar Financial Services Group, LLC, including its subsidiaries and affiliates (NorthStar), to debit and/or credit my bank account for purchases and redemptions of units of the portfolio(s) specified. I understand that if I redeem units that have been purchased through a direct link from my bank account to my Account within the last 10 days, my redemption proceeds of those units may be delayed up to 10 days to determine that the purchase payment has cleared the bank. I agree that NorthStar is purchasing and redeeming such units voluntarily at my request and the Texas College Savings Plan and NorthStar shall not be liable for any loss arising from any delay in processing or failure to process such purchases and/or redemptions. I understand that this service does not constitute an offer to sell units of any portfolio.

If I change banks, I agree to notify NorthStar promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or unit balance or because the account has been closed, this service will be cancelled and I agree to return promptly any amount overpaid to me from a redemption of units purchased with that payment. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by NorthStar or the plan at any time without notice and that all services described herein are subject to the terms of the Plan Description and Savings Trust Agreement, which I acknowledge I have received and read.

Please print and sign exactly as your name(s) appears on your plan account. If the bank account is a joint account, both individuals on the account must sign below.

Name of Bank Account Owner

Name of Bank Account Owner

Signature of Bank Account Owner

Signature of Bank Account Owner

The following information is being requested for general reporting purposes. Your individual response will be kept confidential. If you have any questions regarding our privacy policy, call **1.800.445.GRAD (4723), option #3**, or visit our website at **www.texascollegesavings.com**.

1. How did you hear about the Texas College Savings Plan? (You may select more than one.)

- | | | |
|-------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="radio"/> Direct mail | <input type="radio"/> Print ad | <input type="radio"/> Program representative/event |
| <input type="radio"/> Email | <input type="radio"/> News story | <input type="radio"/> Friend, family or colleague |
| <input type="radio"/> TV commercial | <input type="radio"/> Online advertising | <input type="radio"/> Financial advisor |
| <input type="radio"/> Radio | <input type="radio"/> Internet search | <input type="radio"/> Employer |
| <input type="radio"/> Other _____ | | |

2. What aspect(s) of the Texas College Savings Plan are most appealing to you?

- | | | |
|--------------------------------------|---------------------------------------|-----------------------------------------------------|
| <input type="radio"/> Tax advantages | <input type="radio"/> Estate planning | <input type="radio"/> Professional money management |
| <input type="radio"/> Flexibility | <input type="radio"/> Affordability | |

3. Indicate your education level (Select highest level completed.)

- | | | | |
|------------------------------------|------------------------------------------|---------------------------------------|------------------------------------|
| <input type="radio"/> High school | <input type="radio"/> Associate's degree | <input type="radio"/> Master's degree | <input type="radio"/> Professional |
| <input type="radio"/> Some college | <input type="radio"/> Bachelor's degree | <input type="radio"/> Doctorate | |

4. Annual household income

- | | | |
|-----------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="radio"/> \$0–\$24,999 | <input type="radio"/> \$40,000–\$74,999 | <input type="radio"/> \$100,000–\$249,999 |
| <input type="radio"/> \$25,000–\$39,999 | <input type="radio"/> \$75,000–\$99,999 | <input type="radio"/> Over \$250,000 |

5. Indicate your primary source of funding for this account

- | | |
|-------------------------------------------|---------------------------------------------------|
| <input type="radio"/> Employment earnings | <input type="radio"/> Tax refund or credits |
| <input type="radio"/> Gift or inheritance | <input type="radio"/> Roll over from another plan |
| <input type="radio"/> Other _____ | |

6. Indicate the beneficiary's ethnicity (Optional)

- | | | |
|--------------------------------------|----------------------------------------|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> African American | <input type="radio"/> Native American |
| <input type="radio"/> Asian American | <input type="radio"/> Hispanic/Latino | |
| <input type="radio"/> Other _____ | | |

I would like to receive the following information via electronic mail:¹

- Statement, Confirms and Plan Documents
- Tax Forms
- Plan News and Updates

Email Address

I consent to the delivery of the documents that are governed under NorthStar Financial Services Group, LLC's eDelivery services. I understand that when a new document is available, I will receive an email notification to the email address provided. The email will include a link that will take me to the Texas College Savings Plan website, where the document can be viewed and downloaded by logging on to my account. This consent will remain effective until I revoke it.

¹ You may designate or change your delivery options by accessing your account online at www.texascollegesavings.com or calling 1.800.445.GRAD (4723), option #3 once your account has been established.

By signing below, I certify and acknowledge the following:

- The information contained in this form and in any required documentation is true, complete and correct. I have received, read and agree to be bound by the terms set forth in the Plan Description and Savings Trust Agreement, acknowledge that the Plan Description and Savings Trust Agreement may be amended from time to time, and agree to be bound by the terms of any such amendment. I agree that NorthStar Financial Services Group, LLC, including its subsidiaries and affiliates (NorthStar), may use this information to attempt to verify my identity. NorthStar is requesting a copy of the Articles of Incorporation, Partnership document, Trust agreement or other similar documents solely for the purpose of verifying the identity of the Account Owner as required by federal law. NorthStar is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents.

Account Owner, Trustee, Partner or Officer signature REQUIRED.

- I, the Account Owner, am 18 years of age or older.

_____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)
_____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)
_____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)

Mail initial deposits and future purchases to:
The Texas College Savings Plan
c/o NorthStar Financial Services Group, LLC
P.O. Box 540010
Omaha, NE 68154

This material is provided for general and educational purposes only, and is not intended to provide legal, tax nor investment advice, or for use to avoid penalties that may be imposed under U.S. federal tax laws. Contact your attorney or other advisor regarding your specific legal, investment or tax situation.

The Texas College Savings Plan® is established and maintained by the Texas Prepaid Higher Education Tuition Board. NorthStar Financial Services Group, LLC (“NorthStar”) is the plan manager and the Plan is distributed by NorthStar affiliate Northern Lights Distributors, LLC and administered by NorthStar affiliate Gemini Fund Services, LLC. Non-residents of Texas should consider whether their home state, or the beneficiary’s home state, offers its residents any state tax or other state benefits, such as financial aid, scholarship funds, and protection from creditors that are only available for participants in that state’s 529 plan. Interests in the Plan are not deposits or other obligations of any depository institution.

No part of an account, the principal invested, nor any investment return is insured or guaranteed by the FDIC, the state of Texas, the Texas Prepaid Higher Education Tuition Board, any other state or federal governmental agency or NorthStar or its subsidiaries or affiliates. An account might not make money and could lose money (including the principal invested) if money is invested in the Plan. Interests in the Plan have not been registered with the U.S. Securities and Exchange Commission or with any state.

Before investing in the Plan, investors should carefully consider the investment objectives, risks, administrative fees, service and other charges and expenses associated with municipal fund securities. The [Plan Description and Savings Trust Agreement](#) contain this and other information about the Plan, and may be obtained by visiting www.texascollegesavings.com or calling 1.800.445.GRAD (4723), option #3. Investors should read these documents carefully before investing.

**You could lose money by investing in this investment option. Although the money market fund in which your investment option invests (the “underlying fund”) seeks to preserve its value at \$1.00 per share, the underlying fund cannot guarantee it will do so. An investment in this investment option is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. The underlying fund’s sponsor has no legal obligation to provide financial support to the underlying fund, and you should not expect that the sponsor will provide financial support to the underlying fund at any time.

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