

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 **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
P.O. Box 540010
Omaha, NE 68154**

Fax: 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 **800-445-GRAD (4723), option #3**, for instructions about how to properly establish the account.

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

A. Individual *(For an 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/Permanent Resident Alien *(Nonresident aliens are not eligible to participate in the Plan.)*

Street address (No P.O. Boxes)

City

State

Zip

Primary phone number

Secondary phone number

Email address (See Section 9)

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)s, Partnerships and Corporations, please check one of the following and provide the documentation requested.

(For an 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 | Beneficiary Information

All information in this section is REQUIRED.

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

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/Permanent 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 an UGMA/UTMA.

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

Street address (No P.O. Boxes)

City

State

Zip

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 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 7.)

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 7.)

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 **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 **800-445-GRAD (4723), option #3**, or by downloading the form at www.texascollegesavings.com.

Before selecting your Investment Option(s), please read the Texas College Savings Plan Description and Savings Trust Agreement available at www.texascollegesavings.com for complete information about all of the Investment Options available.

Please select one or more Investment Options from the choices below. If you choose more than one Investment Option, please enter the percentage amount of the contribution you would like invested into each of the selected Investment Options. Use whole percentages only and the total of your Investment Option percentages must equal 100%.

State/Local Government or 501(c)(3) Organizations: If you choose the Age-based Portfolio without naming a Beneficiary, 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: _____

Choose Your Portfolio(s) (Required).

I. Age-based Portfolios Your investment portfolio will automatically change over time based on your Beneficiary's age.	
Age-based Portfolio	%
II. Risk-based Portfolios The assets will remain in your selected portfolio(s) until you update your Investment Option.	
Aggressive Allocation Portfolio	%
Balanced Allocation Portfolio	%
Conservative Allocation Portfolio	%
III. Individual Asset Class Portfolios The assets will remain in your selected portfolio(s) until you update your Investment Option.	
Diversified Equity Portfolio	%
Diversified Fixed Income Portfolio	%
U.S. Stock Portfolio	%
International Stock Portfolio	%
U.S. Bond Portfolio	%
Short-Term Fixed Income Portfolio	%
Inflation Protection Portfolio	%
Capital Preservation Portfolio	%
Total	100%

Note: All future contributions will be allocated in the same manner as your initial investment allocation shown above. To make any changes, please login to your account on www.texascollegesavings.com, submit an Account Maintenance form, or call a Customer Service Representative at 800-445-GRAD (4723), option #3.

You can automatically reallocate funds from one or more Texas College Savings Plan investment portfolio(s) to one or more different Texas College Savings Plan investment portfolio(s) on a monthly, quarterly or annual basis, on a date selected by you, by completing the section below. For more detailed information about this feature, please see the Plan Description and Savings Trust Agreement.

Start date (mm/dd/yyyy): _____

Each occurrence of establishing, stopping or altering your Systematic Exchange Plan will count as one of your twice-per-calendar-year account reallocations. For more detailed information about this feature, please see the Plan Description and Savings Trust Agreement or call us at 800-445-GRAD (4723), option #3.

Portfolio Options	Exchange From Amount	Exchange To Amount
I. Age-based Portfolios		
Age-based Portfolio	.00	.00
II. Risk-based Portfolios		
Aggressive Allocation Portfolio	.00	.00
Balanced Allocation Portfolio	.00	.00
Conservative Allocation Portfolio	.00	.00
III. Individual Asset Class Portfolios		
Diversified Equity Portfolio	.00	.00
Diversified Fixed Income Portfolio	.00	.00
U.S. Stock Portfolio	.00	.00
International Stock Portfolio	.00	.00
U.S. Bond Portfolio	.00	.00
Short-Term Fixed Income Portfolio	.00	.00
Inflation Protection Portfolio	.00	.00
Capital Preservation Portfolio	.00	.00
Total (From & To must equal)	.00	.00

Exchange frequency (choose one):

- Monthly, beginning (specify month and date): _____
- Quarterly, beginning (specify month and date): _____
- Annually, on (specify month and date): _____

When would you like to stop making exchanges?

- Do not stop
- Stop date (mm/dd/yyyy): _____

If no stop date is chosen, the default is to continue exchanges until the originating portfolio balance falls below the amount of the exchange.

The Systematic Exchange Plan will begin immediately upon receipt of this application in good order. Unless specified above, exchanges will be made on the 10th day of the month or the 10th day of the first month of the quarter. If the exchange date is a weekend or holiday, the exchange will occur on or after the preceding business day. If no amount is indicated, the exchange will be done for \$25.00 on the date you have chosen. If an exchange frequency of annually is selected and no month is listed, the exchange will be made on December 10th.

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 the Plan, including its affiliates and designees, 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 Plan 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 the Plan is purchasing and redeeming such units voluntarily at my request and 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 the Plan 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 either 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 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 bank account. If the bank account is a joint account, both individuals on the account must sign below.

Name of Bank Account Owner

X

Signature of Bank Account Owner

Name of Bank Account Owner

X

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 **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.)

- Direct mail
- Print ad
- Program representative/event
- Email
- News story
- Friend, family or colleague
- TV commercial
- Online advertising
- Financial advisor
- Radio
- Internet search
- Employer
- Other _____

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

- Tax advantages
- Estate planning
- Professional money management
- Flexibility
- Affordability

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

- High school
- Associate’s degree
- Master’s degree
- Professional
- Some college
- Bachelor’s degree
- Doctorate

4. Annual household income

- \$0–\$24,999
- \$40,000–\$74,999
- \$100,000–\$249,999
- \$25,000–\$39,999
- \$75,000–\$99,999
- Over \$250,000

5. Indicate your primary source of funding for this account

- Employment earnings
- Tax refund or credits
- Gift or inheritance
- Roll over from another plan
- Other _____

6. Indicate the Beneficiary’s ethnicity (Optional)

- White
- African American
- Native American
- Asian American
- Hispanic/Latino
- 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 Orion Advisor Solutions, Inc.’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 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 Orion Advisor Solutions, Inc., including its subsidiaries and affiliates (Orion), may use this information to attempt to verify my identity. Orion 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. Orion is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents.
- I, the Account Owner, am 18 years of age or older and I am a U.S. citizen or permanent resident alien.

**Account Owner, Trustee,
Partner or Officer
signature REQUIRED.**

x	Signature	Date (mm/dd/yyyy)	Title (if the account is held by a trust, corporation, estate or other entity)
x	Signature	Date (mm/dd/yyyy)	Title (if the account is held by a trust, corporation, estate or other entity)
x	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
P.O. Box 540010
Omaha, NE 68154**

The Texas College Savings Plan® (“Plan”) is administered by the Texas Prepaid Higher Education Tuition Board (“Board”). Orion Advisor Solutions, Inc. (“Orion”) is the manager of the Plan, which is distributed by Northern Lights Distributors, LLC and maintained by Ultimus Fund Solutions, LLC, neither of which are affiliated with Orion. The Plan and the Board do not provide legal, financial, or tax advice and you should consult a legal, financial, or tax advisor before participating.

Non-residents of Texas should consider whether their home state, or the beneficiary’s home state, offers its residents any 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 plan.

Estimated total asset-based fees are available on the Allocation Worksheet at TexasCollegeSavings.com/Allocation-Worksheet and are published in the Plan Description and Savings Trust Agreement, which is reviewed annually. Fees are subject to change.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting TexasCollegeSavings.com or calling 800-445-GRAD (4723), option 3. Investors should read the Plan Description and Savings Trust Agreement, and all other Plan documents carefully before investing.

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