

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 LoneStar 529 Plan® account.

- ◆ Please read the Plan Description and Savings Trust Agreement prior to investing. You can obtain a copy at www.lonestar529.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.
- ◆ Please note for UGMA/UTMA accounts, you are not allowed to change Account Owner, Successor Account Owner or Beneficiary. Please see the Plan Description and Savings Trust Agreement.

If you have any questions, please call us at **1.800.445.GRAD (4723), option #4**, Monday through Friday from 8am to 6pm, Central Time.

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

LoneStar 529 Plan
c/o NorthStar Financial Services Group, LLC
P.O. Box 540010
Omaha, NE 68154

or Fax: **1.402.431.4452**

1 | FINANCIAL ADVISOR INFORMATION (You must designate a Financial Advisor to enroll in the LoneStar 529 Plan)

Financial advisor's name (first, middle initial, last)

Branch number

Firm name

Dealer and Representative ID number(s)

Street address

Street address 2

City

State

Zip

Daytime phone number

Fax number

Email address

2 | 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 #4**, for instructions about how to properly establish the account.

Please fill out Section A if your chosen Account Type is Individual.

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 2A.)

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 11)

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 or Corporations (Check one. For a UGMA/UTMA account, do not fill out Section 2B.)

- Trust (Please include copies 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

Daytime 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 (For a UGMA/UTMA account, do not fill out Section 2B.)

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

3 | 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 3.)

Designated Beneficiary's name (first, middle initial, last)		
Social Security number	Date of birth (mm/dd/yyyy)	Relationship to Account Owner
<input type="radio"/> Male <input type="radio"/> Female		
<input type="radio"/> U.S. Citizen/Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)		
<input type="radio"/> 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

4 | SUCCESSOR ACCOUNT OWNER

You cannot designate a Successor Account Owner for a UGMA/UTMA. For UGMA/UTMA accounts, do not fill out Section 4.

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 or Tax ID

Date of birth (mm/dd/yyyy)

Relationship to Account Owner

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

Street address (No P.O. Boxes)

City

State

Zip

5 | INITIAL CONTRIBUTION

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 "LoneStar 529 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 8.)

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 8.)

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 #4**, or by downloading the form at **www.lonestar529.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 Program 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.lonestar529.com**.

- Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account or Qualified U.S. Savings Bond** – Enclose a LoneStar 529 Plan Change of Trustee/Rollover Form. You can obtain this form by calling **1.800.445.GRAD (4723)**, **option #4**, or by downloading the form at **www.lonestar529.com**.

6 | UNIT CLASS

Please select only one Unit Class per account. If you do not choose a Unit Class, your investment will be made in Class A Units. If funding via payroll deduction, Class A Units must be selected. Each Unit Class has a different fee and expense structure. Please refer to the Plan Description and Savings Trust Agreement for complete details. If you wish to establish more than one Unit Class, you must open another account within the plan.

- Class A Units
- Advisor Class Units

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.

I. Age Based Portfolios

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

Age Based Portfolios	Initial Allocation*
Age Based Portfolio	_____ %

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 501(c)(3) only: _____

II. Static Portfolios

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

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

III. Individual Fund Portfolios

	Initial Allocation*
Large Cap Growth Portfolio	_____ %
Large Cap Value Portfolio	_____ %
All Cap Active Portfolio	_____ %
Large Cap Passive Portfolio	_____ %
Socially Responsible Portfolio	_____ %
Small Cap Portfolio	_____ %
Non-U.S. Equity Portfolio	_____ %
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.lonestar529.com or call a Customer Service Representative at 1.800.445.GRAD (4723), option #4.

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

Checking Savings

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.)

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 LoneStar 529 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 Joint Bank Account Owner (if applicable)

Signature of Bank Account Owner

Signature of Joint Bank Account Owner (if applicable)

Letter of Intent

A Letter of Intent is an investor’s statement in writing to the Program Distributor of his or her intention to purchase a specified value of Class A and Advisor Class Units in all of his or her Accounts in the Plan during a 13-month period. The Letter permits certain Account Owners to reduce the sales charge rate that applies to their purchases of Class A Units if they purchase Class A or Advisor Class units of the Plan (except for units of the U.S. Money Market Portfolio for which no initial sales charge is paid).

You can obtain this form by calling 1.800.445.GRAD (4723), option #4, or by downloading the form at www.lonestar529.com.

Rights of Accumulation

Rights of Accumulation permits certain Account Owners to combine the value of assets in their Accounts within the Plan (regardless of the Unit Class selected) to reduce the initial sales charge applicable to the purchase of Class A Units (except for units of the U.S. Money Market Portfolio for which no initial sales charge is paid).

Provide the account numbers eligible for reduced sales charges in the space provided below.

Account Numbers

The following information is being requested for general reporting purposes. Your responses will be kept confidential. If you have any questions regarding our privacy policy, call 1.800.445.GRAD (4723), option #4, or visit our website at www.lonestar529.com.

1. How did you hear about the LoneStar 529 Plan? (You may select more than one.)

- News story
 Friend, family or colleague
 Internet search
 Financial advisor
 Program representative/event
 Employer
 Other _____

2. What aspect(s) of the LoneStar 529 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
 Bachelor's degree
 Professional
 Some college
 Master's degree
 Associate'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
 Other _____
 Gift or inheritance
 Rollover from another plan

6. Indicate the beneficiary's ethnicity (Optional)

- White
 Hispanic/Latino
 Asian American
 Native American
 African American
 Other _____

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

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

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 LoneStar website, where the document can be viewed and downloaded by logging on to my account. This consent will remain effective until I revoke it.

Email Address

1. You may designate or change your delivery options by accessing your account online at www.lonestar529.com or calling 1.800.445.GRAD (4723), option #4 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.
- ♦ I, the Account Owner, am 18 years of age or older.

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

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:

**LoneStar 529 Plan
c/o NorthStar Financial Services Group, LLC
P.O. Box 540010
Omaha, NE 68154**

The LoneStar 529 Plan® is established and maintained by the Texas Prepaid Higher Education Tuition Board and distributed by Northern Lights Distributors, LLC, Member FINRA/SIPC. NorthStar Financial Services Group, LLC, the parent company of Northern Lights Distributors, LLC, is the Plan manager and administrator of the Plan.

As stated in the current Plan Description and Savings Trust Agreement, total Plan fees for the portfolios range from 0.66% to 2.48% with a maximum sales charge of 5.75% and are subject to change.

Some states offer favorable tax treatment to their residents only if they invest in the state's own plan. 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.

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.

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 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 contains this and other information about the Plan and may be obtained by visiting www.lonestar529.com or calling 1.800.445.GRAD (4723), Option #4. Investors should read these documents carefully before investing.

Comments or complaints may be forwarded to the Prepaid Higher Education Tuition Program, Office of the Comptroller of Public Accounts, at P.O. Box 13407, Austin, Texas 78711-3407 or at 1.512.936.2064.

"LoneStar 529 Plan" is a registered service mark of the Texas Prepaid Higher Education Tuition Board. All rights reserved.

The LoneStar 529 Plan is distributed by Northern Lights Distributors, LLC Member FINRA, SIPC
17605 Wright Street, Omaha, NE 68130
©Copyright 2016 NorthStar Financial Services Group, LLC. All rights reserved.

LS-003 January 1, 2018

