
















Account Maintenance Form

INSTRUCTIONS

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

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

The following changes may be made on this form.
Selective changes may also be made via our
website or by telephone, as indicated.

- Address Change  
- Change Account Owner  
- Change of Name 
- Successor Account Owner Information 
- Subsequent Contributions  
- Elected Investment Allocation  
- Investment Exchange  
- Systematic Exchange 
- Bank Account Information 
- eDelivery 

If you have any questions, please call us at
800-445-GRAD (4723), option #4, Monday through
Friday from 8am to 6pm, Central Time.


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


LoneStar 529 Plan
P.O. Box 540010
Omaha, NE 68154

Fax to: **402-431-4452**

*Please note: form cannot be accepted via fax
if Section 13 is completed.

Please note: for UGMA/UTMA accounts, account
owner, successor account owner, or beneficiary
cannot be changed. Please see the Plan Description
and Savings Trust Agreement.

 Indicates change can be made at www.lonestar529.com

 Indicates change also can be made by calling **800-445-GRAD (4723), option #4**

1 | CURRENT ACCOUNT INFORMATION

All information in this
section is REQUIRED.

Account number

Social Security or Taxpayer ID number

Account Owner's first name

Middle initial

Last name

Beneficiary's first name

Middle initial

Last name

Beneficiary's Social Security or Taxpayer ID number

Account Owner phone number

Account Owner's email address

Account Owner

Account Owner's first name	Middle initial	Last name
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New street address (no P.O. Boxes)

City	State	Zip
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Account Owner's email address

Daytime phone number	Evening phone number
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New mailing address (if different from above)

City	State	Zip
------	-------	-----

Beneficiary

First name	Middle initial	Last name
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☐ Address same as Account Owner's

New street address (no P.O. Boxes)

City	State	Zip
------	-------	-----

Daytime phone number	Evening phone number
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Complete Parts A and B in this section only if you are changing the Account Owner.

Part A – Please select one of the following reasons for the Account Owner change.

- ☐ **Current Account Owner is transferring ownership, rights and interest to a New Account Owner.**
(A signature guarantee is required for the current Account Owner in Section 13, if the account value is over \$100,000.)
- ☐ **Death of the current Account Owner. Please submit this form with an original death certificate.**
(A signature guarantee may be required, please call us at 800-445-GRAD (4723), option #4.)

Part B – Either submit a completed Enrollment Application, signed by the new Account Owner or complete the following information. The account number must be from a previously established account in the new Account Owners name.

Existing account number

Account Owner's first name	Middle initial	Last name
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Social Security or Taxpayer ID number

Part A – Change applies to:

- ☐ Account Owner
- ☐ Beneficiary

Part B – Reason for change:

- ☐ Marriage (attach copy of marriage certificate)
- ☐ Divorce (attach copy of divorce decree)
- ☐ Other: _____
(please specify and attach a copy of the applicable legal documentation)

5 | SUCCESSOR ACCOUNT OWNER INFORMATION

Please fill in all the information in this section.

If this form is designating a new Account Owner, the new Account Owner will have to submit a form after the change to name or change a Successor Account Owner.

You may name a Successor Account Owner for this account (not allowed for UGMA/UTMA accounts or if you changed the Account Owner in Section 3). In the event of your death, ownership of all assets in the account will be transferred to the Successor Account Owner you have selected. 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. Check with your estate planning attorney for more information.

- ☐ Designate a new Successor Account Owner using the information provided below. This designation overrides any previous designation(s). I certify that the Successor Account Owner is a U.S. citizen or permanent resident alien. (Nonresident aliens are not eligible to participate in the Plan.)
- ☐ Change information on a current Successor Account Owner using the information provided below.
- ☐ Revoke the current Successor Account Owner without designating a new Successor Account Owner.

_____ Successor Account Owner First name/Entity name	_____ Middle initial	_____ Last name	
_____ Street address (no P.O. Boxes)		_____ Social Security or Taxpayer ID number	
_____ City		_____ State	_____ Zip
_____ Relationship to Account Owner	_____ Date of birth (mm/dd/yyyy)		
<input type="radio"/> Male <input type="radio"/> Female			

- ☐ Check: \$_____

(Complete One-time Contribution allocation in Section 7.)

Make check payable to "The 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.

Changes to, or termination of, an AIP must occur at least five business days before cycle date.

- ☐ Automatic Investment Plan (AIP)

To create or change your scheduled, recurring purchases from your bank account, please complete all the information below.

- ☐ Update my existing Automatic Investment Plan. (If providing new bank information, please complete Section 10.)
- ☐ Establish a new Automatic Investment Plan with new bank information. (Please complete Section 10.)

Amount invested each period (a minimum of \$15 per portfolio is required): _____

Frequency: ☐ Monthly ☐ Quarterly

Timing: Purchase units on the _____ day of the month (or the next business day).

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

- ☐ Discontinue my Automatic Investment Plan

- ☐ One-time Electronic Funds Transfer (Automated Clearing House (ACH) option)

(Complete One-time Contribution allocation in Section 7.)

Electronic transfer directly from your bank account. Complete banking instructions in Section 10.

\$ _____ amount to be transferred (\$25 minimum)

Please indicate below how you would like to allocate your contribution or change the way future contributions are allocated across your portfolios.

- ☐ One-time Contribution (from Section 6)
- ☐ Follow my current designated allocation.
- ☐ Change allocation for this contribution only (fill in table below).
- ☐ Designated Allocation for Future Contributions—Selecting this option will not change assets already invested in your account. To move assets already in your account (Investment Change), proceed to Section 8.

Investment Options	One-Time Contribution	Future Contributions
I. Target Enrollment Year Options		
2038-2039 Portfolio	%	%
2036-2037 Portfolio	%	%
2034-2035 Portfolio	%	%
2032-2033 Portfolio	%	%
2030-2031 Portfolio	%	%
2028-2029 Portfolio	%	%
2026-2027 Portfolio	%	%
2024-2025 Portfolio	%	%
2022-2023 Portfolio	%	%
Enrolled Years Portfolio	%	%
II. Risk-based Options		
Aggressive Allocation Portfolio	%	%
Balanced Allocation Portfolio	%	%
Conservative Allocation Portfolio	%	%
III. Individual Asset Class Options		
Diversified Equity Portfolio	%	%
Diversified Fixed Income Portfolio	%	%
U.S. Value Portfolio	%	%
U.S. Growth Portfolio	%	%
U.S. Total Stock Market Portfolio	%	%
Small-Cap Portfolio	%	%
Active International Portfolio	%	%
Passive International Portfolio	%	%
Emerging Markets Portfolio	%	%
Long-Term Fixed Income Portfolio	%	%
Active Bond Portfolio	%	%
Passive Bond Portfolio	%	%
High Yield Fixed Income Portfolio	%	%
International Fixed Income Portfolio	%	%
Inflation Protection Portfolio	%	%
Short-Term Fixed Income Portfolio	%	%
Socially Responsible Portfolio	%	%
Commodity Portfolio	%	%
Real Estate Portfolio	%	%
Capital Preservation Portfolio	%	%
Total of all Investment Options must equal 100%	100%	100%

You may exchange existing assets in each beneficiary's 529 account twice per calendar year. An exchange of assets does not affect the investment allocation of future contributions (your Elected Investment Allocation.) To change your Elected Investment Allocation, return to Section 7.

Using the table below, indicate which portfolio(s) you would like to exchange from and which portfolio(s) you would like to exchange to. **Note: Exchanges are not permitted from the Capital Preservation Portfolio into the Short-Term Fixed Income Portfolio.**

Investment Options	Exchange From	Exchange To
I. Target Enrollment Year Options		
2038-2039 Portfolio	%	%
2036-2037 Portfolio	%	%
2034-2035 Portfolio	%	%
2032-2033 Portfolio	%	%
2030-2031 Portfolio	%	%
2028-2029 Portfolio	%	%
2026-2027 Portfolio	%	%
2024-2025 Portfolio	%	%
2022-2023 Portfolio	%	%
Enrolled Years Portfolio	%	%
II. Risk-based Options		
Aggressive Allocation Portfolio	%	%
Balanced Allocation Portfolio	%	%
Conservative Allocation Portfolio	%	%
III. Individual Asset Class Options		
Diversified Equity Portfolio	%	%
Diversified Fixed Income Portfolio	%	%
U.S. Value Portfolio	%	%
U.S. Growth Portfolio	%	%
U.S. Total Stock Market Portfolio	%	%
Small-Cap Portfolio	%	%
Active International Portfolio	%	%
Passive International Portfolio	%	%
Emerging Markets Portfolio	%	%
Long-Term Fixed Income Portfolio	%	%
Active Bond Portfolio	%	%
Passive Bond Portfolio	%	%
High Yield Fixed Income Portfolio	%	%
International Fixed Income Portfolio	%	%
Inflation Protection Portfolio	%	%
Short-Term Fixed Income Portfolio	%	%
Socially Responsible Portfolio	%	%
Commodity Portfolio	%	%
Real Estate Portfolio	%	%
Capital Preservation Portfolio	%	%
Total of all Investment Options must equal 100%	100%	100%

You can automatically reallocate funds from one or more LoneStar 529 Plan investment portfolio(s) to one or more different LoneStar 529 Plan investment portfolio(s) on a monthly, quarterly or annual basis, on a date selected by you. Note: Exchanges are not permitted from the Capital Preservation Portfolio into the Short-Term Fixed Income Portfolio. For more detailed information about this feature, please see the Plan Description and Savings Trust Agreement.

Establishing, stopping or altering your Systematic Exchange Plan will count as your twice-per-calendar-year account reallocation. 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 #4.

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 proper form. 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.

Investment Options	Exchange From	Exchange To
I. Target Enrollment Year Options		
2038-2039 Portfolio	.00	.00
2036-2037 Portfolio	.00	.00
2034-2035 Portfolio	.00	.00
2032-2033 Portfolio	.00	.00
2030-2031 Portfolio	.00	.00
2028-2029 Portfolio	.00	.00
2026-2027 Portfolio	.00	.00
2024-2025 Portfolio	.00	.00
2022-2023 Portfolio	.00	.00
Enrolled Years Portfolio	.00	.00
II. Risk-based Options		
Aggressive Allocation Portfolio	.00	.00
Balanced Allocation Portfolio	.00	.00
Conservative Allocation Portfolio	.00	.00
III. Individual Asset Class Options		
Diversified Equity Portfolio	.00	.00
Diversified Fixed Income Portfolio	.00	.00
U.S. Value Portfolio	.00	.00
U.S. Growth Portfolio	.00	.00
U.S. Total Stock Market Portfolio	.00	.00
Small-Cap Portfolio	.00	.00
Active International Portfolio	.00	.00
Passive International Portfolio	.00	.00
Emerging Markets Portfolio	.00	.00
Long-Term Fixed Income Portfolio	.00	.00
Active Bond Portfolio	.00	.00
Passive Bond Portfolio	.00	.00
High Yield Fixed Income Portfolio	.00	.00
International Fixed Income Portfolio	.00	.00
Inflation Protection Portfolio	.00	.00
Short-Term Fixed Income Portfolio	.00	.00
Socially Responsible Portfolio	.00	.00
Commodity Portfolio	.00	.00
Real Estate Portfolio	.00	.00
Capital Preservation Portfolio	.00	.00
Total (From & To must equal)	.00	.00

Start Date (mm/dd/yyyy): _____

Exchange frequency (choose one):

- ☐ Monthly, beginning (mm/dd): ____ / ____
- ☐ Quarterly, beginning (mm/dd): ____ / ____
- ☐ Annually, on (mm/dd): ____ / ____

When would you like to stop making exchanges?

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

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 (no starter checks) or a preprinted savings slip for a savings account. (Please do not tape or staple it to this application.)

Please allow 10 days to process debit(s) from your account.

Account type: ☐ Checking ☐ Savings

I authorize the Plan, 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 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 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 Joint Bank Account Owner (if applicable)

X

Signature of Joint Bank Account Owner (if applicable)

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

- Statements, Confirmations and Plan Documents
- Tax Forms
- Plan News and Updates

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 LoneStar 529 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.

Email address

1. You may designate or change your delivery options by accessing your account online at www.lonestar529.com or calling 800-445-GRAD (4723), option #4, once your account has been established.

I certify that the information I have provided, and all future information I will provide with respect to my LoneStar 529 Plan account, is true, complete and correct. I have received, read and agree to the terms set forth in the Plan Description and Savings Trust Agreement.

I understand that if I am changing the Successor Account Owner in Section 5, I certify that it is my intent to revoke the current Successor Account Owner and name a new Successor Account Owner. I have read the Plan Description and Savings Trust Agreement and understand that instructions provided on this form override any Successor Account Owner instructions included in a will or codicil. I agree to notify my Successor Account Owner of his/her status, and I will advise he or she that the Successor Account Owner will be required to provide the Plan Manager with a copy of a death certificate in the case of the death of the Account Owner and such other information as the Plan Manager requires prior to taking any action regarding the account.

Signature is REQUIRED

x

Signature of Account Owner

Date

13 | SIGNATURE GUARANTEE

A signature guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies or savings associations participate in such programs.

Your signature(s) must correspond in every particular way, without alteration, with your name(s) as printed on the current account registration.

Acknowledgment of signature by a notary public is NOT acceptable. Please affix signature guarantee stamp with appropriate signature, title of officer and date.

A signature guarantee is required if:

- You are transferring account to new Account Owner

A medallion stamp is required if:

- Your account is over \$100,000

Affix medallion stamp here.

Guarantor's name (if required)

x

Signature of guarantor

Middle initial

Last name

Title

Date

Before you mail, have you:

- ☐ Entered all required information in Section 1
- ☐ Signed this form in Section 10 if establishing or updating your bank account information
- ☐ Included a voided, preprinted check or savings account deposit slip as directed in Section 10, if applicable
- ☐ Signed this form in Section 12
- ☐ Obtained a Signature Guarantee in Section 13, if applicable

The LoneStar 529 Plan® (“Plan”) is administered by the Texas Prepaid Higher Education Tuition Board (“Board”). Orion Advisor Solutions, Inc. is the plan manager. The Plan and the Board do not provide legal, financial, or tax advice and participants in the Plan should consult a legal, financial, or tax advisor before investing. Fees and charges for the most recent quarter are available on our website at: www.lonestar529.com/expenses.

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.

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 www.lonestar529.com or calling 800-445-GRAD (4723), option #4. Investors should read all Plan documents carefully before investing.

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