

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 Designated Beneficiary ☎
- Successor Account Owner Information ☎
- Subsequent Contributions ☎
- Elected Investment Allocation ☎
- Annual Exchange ☎
- Systematic Exchange ☎
- Bank Account Information ☎
- eDelivery ☎

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 with any required documents to the following address:
LoneStar 529 Plan
c/o NorthStar Financial Services Group, LLC
P.O. Box 540010
Omaha, NE 68154
Fax: 1.402.431.4452

*Please note: form cannot be accepted via fax if Section 14 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 1.800.445.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
Designated Beneficiary's first name	Middle initial	Last name
Beneficiary's Social Security or Taxpayer ID number		

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 — no P.O. Boxes)

City	State	Zip
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Designated 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
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Daytime phone number	Evening phone number
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Please choose one of the following options:

- Change the Account Owner name due to change of status. (Attach a copy of the documentation for the qualifying event.)
- Transfer account to new Account Owner. Please note that a request for this type of change must be accompanied by a Signature Guarantee from the resigning Account Owner on this form (see Section 14). A completed Account Application signed by the new Account Owner or a previously established account number must be submitted for the change to be complete.

 Existing account number

Please enter the **new** Account Owner information below.

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

4 | CHANGE DESIGNATED BENEFICIARY

Any new Designated Beneficiary must be a “member of the family” of your current Designated Beneficiary, as defined in the Plan Description and Savings Trust Agreement. If the new Designated Beneficiary is NOT a “member of the family,” you must instead complete a LoneStar 529 Plan Withdrawal Request Form, as the transaction will be considered a distribution and a 1099-Q will be issued.

The assets will be invested per the allocation on file. If a new allocation is desired, complete One-time Contribution in Section 7.

- Transfer all or a portion of the assets to an existing LoneStar 529 Plan account.

Account # _____

Transfer dollar amount OR percentage listed below

\$ _____ OR _____ %
 Dollars Percentage

- Transfer all or a portion of the assets to new Beneficiary.

Transfer dollar amount or percentage listed below.

\$ _____ OR _____ %
 Dollars Percentage

Beneficiary 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) Expected college enrollment year

- Male Female
- U.S. citizen/resident alien (Nonresident aliens are not eligible to participate in the Plan.)

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. 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. For UGMA/UTMA accounts, a Successor Account Owner is not allowed.

- 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/resident alien. (Nonresident aliens are not eligible to participate in the program.)
- Update information for the current Successor Account Owner.
- Revoke the current Successor Account Owner without designating a new Successor Account Owner.

Successor Account Owner/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)

- Male 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 immediately 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 (Annual Exchange), proceed to Section 8.

Please select only one Unit Class per account. If you do not choose a Unit Class, your investment will be made in A Class 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

Portfolio Options	One-time Contribution	Future Contributions
I. Age Based Portfolios		
Age Based Portfolio	%	%
II. Static Portfolios		
100% Equity Portfolio	%	%
Balanced Portfolio	%	%
III. Individual Fund Portfolios		
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%	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** in percent and which portfolio(s) you would like to **exchange to** in percent.

Portfolio Options	Exchange From*	Exchange To
I. Age Based Portfolios		
Age Based Portfolio	%	%
II. Static Portfolios		
100% Equity Portfolio	%	%
Balanced Portfolio	%	%
III. Individual Fund Portfolios		
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%	100%

*Indicate how you would like to **exchange from** your originating portfolio:

Pick portfolio for initial contribution. Minimum of \$1,000 in originating portfolio.

Establishing, stopping or altering your Systematic Exchange may 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 1.800.445.GRAD (4723), option #4.

By completing the section below, 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.

For more detailed information about this feature, please see the Plan Description and Savings Trust Agreement.

From which investment portfolio: _____

To which investment portfolio: _____

Exchange amount (\$25 minimum): \$ _____

Exchange frequency (choose one):

Monthly, beginning (specify month and date): _____

Quarterly, beginning (specify month and date): _____

Annually, on (specify month and date): _____

Start date (mm/dd/yyyy): _____

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 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 \$100 on the date you have chosen. If an annual exchange frequency 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 (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 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 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 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 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 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

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. Government 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. Government 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

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 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 1.800.445.GRAD (4723), option #4 once your account has been established.

13 | SIGNATURE

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 indicate 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

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, without alteration, with your name(s) as printed on the current account registration.

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 stamp here.

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

X _____ Title _____ Date _____
 Signature of guarantor

- 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 13
 - Obtained a Signature Guarantee in Section 14, if applicable

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.

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