

## 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

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Evening 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 | Designated Beneficiary Information

All information in this section is **REQUIRED**.

The Designated 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.)*

\_\_\_\_\_  
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/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 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 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](http://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](http://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](http://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](http://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).**

<b>I. Age-based Portfolios</b> Your investment portfolio will automatically change over time based on your Designated Beneficiary's age.	
Age-based Portfolio	%
<b>II. Risk-based Portfolios</b> The assets will remain in your selected portfolio(s) until you update your Investment Option.	
Aggressive Allocation Portfolio	%
Balanced Allocation Portfolio	%
Conservative Allocation Portfolio	%
<b>III. Individual Asset Class Portfolios</b> 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	%
Inflation Protection Portfolio	%
Capital Preservation Portfolio	%
<b>Total</b>	<b>100%</b>

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](http://www.texascollegesavings.com), submit an Account Maintenance form, or call a Customer Service Representative at **800-445-GRAD (4723)**, **option #3**.

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.

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): \_\_\_\_\_

Portfolio Options	Exchange From Amount	Exchange To Amount
<b>I. Age-based Portfolios</b>		
Age-based Portfolio	.00	.00
<b>II. Risk-based Portfolios</b>		
Aggressive Allocation Portfolio	.00	.00
Balanced Allocation Portfolio	.00	.00
Conservative Allocation Portfolio	.00	.00
<b>III. Individual Asset Class Portfolios</b>		
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
Inflation Protection Portfolio	.00	.00
Capital Preservation Portfolio	.00	.00
<b>Total (From &amp; To must equal)</b>	<b>.00</b>	<b>.00</b>

**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](http://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:<sup>1</sup>

- ☐ 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.

<sup>1</sup> You may designate or change your delivery options by accessing your account online at [www.texascollegesavings.com](http://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. 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.texascollegesavings.com/expenses](http://www.texascollegesavings.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.texascollegesavings.com](http://www.texascollegesavings.com) or calling 800-445-GRAD (4723), option #3. Investors should read all Plan documents carefully before investing.

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