



# Application

## Instructions

1. Read about Texas Tuition Promise Fund® (“TTPF”) in the program enrollment kit or on our website at [www.texas tuition promise fund.com](http://www.texas tuition promise fund.com). The Plan Description and Master Agreement (“Plan Description”) must be read by the Purchaser prior to signing this Application. By signing this Application, you are agreeing to be bound by the terms of the Plan Description and this Application, and you are certifying that you meet all eligibility requirements of the program. If you need assistance completing this application, please call toll-free **1.800.445.GRAD (4723), option #5**, Monday through Friday from 8am to 6pm Central Time. You can also enroll online at [www.texas tuition promise fund.com](http://www.texas tuition promise fund.com).
2. Complete all sections of the application to open a contract. Your contract will consist of this completed application that certifies you agree to the terms of the then current Plan Description and the applicable Pricing Schedule(s). TYPE or PRINT all information except your signature. **Sign and date your application.** A separate application must be submitted for each Beneficiary. **This application form may be photocopied.**
3. The application fee is \$25 for the first contract purchased for each Beneficiary. If you are the Purchaser and you have an existing TTPF contract for the same Beneficiary, the application fee is assessed only once.
4. Please enclose a check or money order made payable to TTPF for the application fee. We will not accept third-party checks. **THE APPLICATION FEE IS NOT REFUNDABLE.**
5. **Mail the completed application and application fee postmarked no later than February 28, 2019**, in the attached envelope or to **Texas Tuition Promise Fund, P.O. Box 44306, Jacksonville FL 32231-4306**. Multiple applications may be mailed in the same envelope. Multiple application fees can be paid with one check or money order.
6. **Applications will be accepted through July 31, 2019, for “Newborns” (children less than one year of age at the time the application is received).** The first payment for Newborns enrolled after February 28, 2019, will be due approximately 60-90 days after the application is received.
7. You will be billed based on the plan and payment method selected. Contract payments may be sent at any time prior to the due date, but will not be due until May 1, 2019. **You can cancel a pending contract application any time between September 1, 2018, and April 30, 2019, and receive a full refund of any payments received during this time, less the application fee. You will not receive any earnings on such cancellations.** Contract payments must be made by check, money order, ACH, or payroll deduction. Do not send cash.
8. After your application is processed, you will receive program documents and information about making payments. Please allow up to 2 weeks for receipt of this information.

**Applications must be postmarked by February 28, 2019 (or July 31, 2019, for Newborns).**

OFFICE USE ONLY			
Check Number _____	Check Amount _____	Related Applications _____	Other _____

## SECTION I. | Purchaser Information

Please complete the following information about YOURSELF, the person purchasing the TTPF contract (the “Purchaser”). You must be at least 18 years of age.

The Purchaser is the owner of the account and the person who is entitled to any refund if the contract is canceled.

**If you are establishing a UGMA/UTMA account, you must submit a completed UGMA/UTMA form with your Application.**

Last name <sup>1.</sup>  Mr. <sup>2.</sup>  Mrs. <sup>3.</sup>  Miss <sup>4.</sup>  Ms. <sup>5.</sup>  Dr. First name \_\_\_\_\_ M.I. \_\_\_\_\_  
(including Suffix)

Address (number and street, including apartment number) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
( ) ( )

Social Security no. (or Taxpayer I.D. no.) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email (if available) \_\_\_\_\_

If the Purchaser is an organization, please indicate type:   
 1.  Corporation      4.  Trust or Non-profit      7.  Other  
 2.  Estate              5.  Partnership  
 3.  Company              6.  Association

Name of Organization \_\_\_\_\_

## SECTION II. | Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. At the time you sign this application, the Beneficiary must:

- be a resident of the state of Texas, or
- have a parent who is a resident of Texas and is the named Purchaser.

Please complete the following information about the Beneficiary:

Last name (including Suffix)		First name		M.I.
Address (number and street, including apartment number)				
City	State	Zip	County	Gender:
	( )			1. <input type="radio"/> Male 2. <input type="radio"/> Female
Social Security no. (or Taxpayer I.D. no.)	Home phone			
Date of birth	Month	Day	Year	

Please check Beneficiary's age or current grade in school as of September 1, 2018. Please refer to the Plan Description for additional information if your beneficiary is in Ninth (or higher) grade as of this date. A projected high school graduation date will be calculated based on the date of birth provided.

- |  |                                 |   |
|--|---------------------------------|---|
| 1. <input type="radio"/> Newborn—4 year old        | 5. <input type="radio"/> Second | 9. <input type="radio"/> Sixth  |
| 2. <input type="radio"/> 5 year old, not in school | 6. <input type="radio"/> Third  | 10. <input type="radio"/> Seventh   |
| 3. <input type="radio"/> Kindergarten              | 7. <input type="radio"/> Fourth | 11. <input type="radio"/> Eighth  |
| 4. <input type="radio"/> First                     | 8. <input type="radio"/> Fifth  | 12. <input type="radio"/> Ninth or all others eligible to use benefits June 2022 or after |

Beneficiary's relationship to Purchaser (check one) 1.  Child 2.  Grandchild 3.  Friend 4.  Other: \_\_\_\_\_

## SECTION III. | Successor Purchaser

The Successor Purchaser's rights are limited solely to control of the contract upon the death of the Purchaser. The Successor Purchaser may receive contract information but cannot make any changes to the contract during the life of the Purchaser. The Successor Purchaser must be 18 years of age or older.

Last name (including Suffix)	1. <input type="radio"/> Mr. 2. <input type="radio"/> Mrs. 3. <input type="radio"/> Miss 4. <input type="radio"/> Ms. 5. <input type="radio"/> Dr.	First name	M.I.
Address (number and street, including apartment number)			
City	State	Zip	County
	( )		( )
Social Security no. (or Taxpayer I.D. no.)	Home phone	Work phone	
If the Successor Purchaser is an organization, please indicate type:			
1. <input type="radio"/> Corporation		4. <input type="radio"/> Trust or Non-profit	7. <input type="radio"/> Other
2. <input type="radio"/> Estate		5. <input type="radio"/> Partnership	
3. <input type="radio"/> Company		6. <input type="radio"/> Association	
Name of Successor Organization			

It is the Purchaser's responsibility to maintain up-to-date information on the Successor Purchaser.



## SECTION V. | Automatic Payment Authorization

Save time and postage by signing up for automatic withdrawal for your TTPF monthly Pay-As-You-Go payment or monthly installment payment. This option is not available for annual installment or lump sum payments. Payments will be deducted from your checking or savings account on the 1<sup>st</sup> day of each month (or the next business day when that date is on a weekend or a holiday). A record of these payments will appear on your checking or savings account statement. You will be notified in writing when the automatic payments are scheduled to begin.

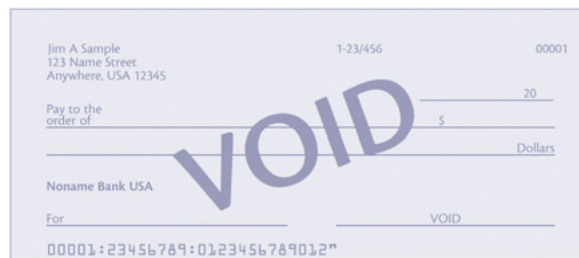
\_\_\_\_\_  
 Bank Account Owner Last name First name M.I.

- If you selected an installment plan, your monthly debit amount will be equal to your installment payment amount.
- If you selected a Pay-As-You-Go payment option, please state the amount you want to deduct from your checking or savings account each month (\$15 minimum): \$\_\_\_\_\_
- I hereby authorize TTPF to initiate debit entries for the monthly payment amount and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my account. This authority is to remain in full force and effect until the account is paid in full, or TTPF has received written notification from me of its termination in such time and manner as to afford TTPF and the financial institution a reasonable opportunity to act on it. In the event of unsuccessful debits, I understand that TTPF reserves the right to cancel this authorization and will notify me in writing of such action and that returned payment and/or late fees may be charged to my Texas Tuition Promise Fund account.

\_\_\_\_\_  
 Signature of Purchaser (or bank account holder if different than Purchaser)

\_\_\_\_\_  
 Date

**ATTACH A VOIDED CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP WITH PREPRINTED NAME AND ACCOUNT NUMBER OR COMPLETE THE SECTION BELOW.**



**Complete the following information if you did not attach a voided check or savings account deposit slip, and the payment amount(s) will be withdrawn from this account. If using a savings account, please confirm the routing number and account number with your financial institution.**

\_\_\_\_\_  
 Name of Bank Account Holder

Type of Account  Checking  Savings

\_\_\_\_\_  
 Financial Institution

\_\_\_\_\_  
 Account Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Transit Routing Number

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

## SECTION VI. | Additional Information

We use the following information for statistical data. Individual responses will be kept confidential, but the overall data will be used for program evaluation. If you have any questions regarding our privacy policy, please refer to the Plan Description or visit our website at [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com).

How did you learn about the program?

1.  TV Ad      4.  Magazine Ad      7.  Family, Friend or Colleague      10.  Online Ad      13.  Promotional Event  
2.  Radio Ad      5.  TV/Radio Interview      8.  Financial Professional      11.  Web site/Internet      14.  Educational Presentation  
3.  Newspaper Ad      6.  News Article      9.  Direct Mail      12.  Other, please specify: \_\_\_\_\_

Indicate the Beneficiary's race/ethnicity.

1.  White      2.  Asian American      3.  Black      4.  Hispanic/Latino      5.  Native American      6.  Other

Indicate your current annual household income level.

1.  Under \$50,000      2.  \$50,000-75,000      3.  \$75,001-100,000      4.  Over \$100,000

Indicate your education level (select highest level completed).

1.  High school graduate      2.  Some college      3.  Associate's degree      4.  Bachelor's degree  
5.  Master's degree      6.  Doctorate

What other 529 plans do you currently own?

1.  Texas College Savings Plan\*      2.  Texas LoneStar 529 Plan\*      3.  Texas Guaranteed Tuition Plan  
4.  Other: \_\_\_\_\_

Indicate your primary source of funding for this contract.

1.  Employment earnings      2.  Gifts or inheritance      3.  Tax refunds or credits  
4.  Other: \_\_\_\_\_

## SECTION VII. | Authorization

**I hereby certify that the information on this application is true and accurate to the best of my knowledge and that I have read and agree to the terms of the Plan Description. I understand that my application may be returned or canceled if I materially misrepresent information I provide to the Texas Tuition Promise Fund® program. In signing below, I am agreeing to all terms and conditions of the Plan Description and this Application and certifying that all eligibility requirements, including residency requirements, have been met. I understand that installment payments will include an 8% interest component.**

\_\_\_\_\_  
Signature of Purchaser (required)

\_\_\_\_\_  
Date

The Texas Tuition Promise Fund® is established and maintained by the Texas Prepaid Higher Education Tuition Board. NorthStar Financial Services Group, LLC ("NorthStar") is the plan manager and the Texas Tuition Promise Fund is distributed by NorthStar affiliate Northern Lights Distributors, LLC and administered by NorthStar affiliate Gemini Fund Services, LLC. 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 state offers its residents a 529 plan with alternative tax advantages and should consult their tax advisor. The Contracts are not deposits or other obligations of any depository institution. Neither a Contract nor any return paid with a refund 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 subsidiaries or affiliates. The Contracts have not been registered with the U.S. Securities and Exchange Commission or with any state.

**Purchasers should carefully consider the risks, administrative fees, service and other charges and expenses associated with the Contracts, including plan termination and decreased refund or transfer value. The Plan Description and Master Agreement contain this and other information about the Plan, and may be obtained by visiting [www.texastuitionpromisefund.com](http://www.texastuitionpromisefund.com) or calling 1.800.445.GRAD (4723), option #5. Purchasers should read these documents carefully before purchasing a Contract.**

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 by calling 1-512-936-2064.

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17605 Wright Street, Omaha, NE 68130

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