

**| Instructions**

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

When requested, please color in circles completely.

**Complete this form to establish an Education Plan® account.**

- To enroll online visit **TheEducationPlan.com**
- Please read the Plan Description and Participation Agreement prior to investing. You can obtain a copy at **TheEducationPlan.com**

If you have any questions, please call us at **1.877.337.5268** Monday through Friday from 6am to 6pm, Mountain Time.

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

**The Education Plan®**  
**P.O. Box 173691**  
**Denver, CO 80217**  
**Fax: 1.303.768.6529**

**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, 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 **1.877.EdPlan8 (1.877.337.5268)** for instructions about how to properly establish the account.

Please fill out Section A if your chosen Account Type is Individual or UGMA/UTMA.

The Uniform Gifts to Minors Act (UGMA) and the Uniform Transfers to Minors Act (UTMA) are types of custodial accounts that are set up by an adult on behalf of a minor. All the money and assets (e.g. mutual funds, stocks, bonds, Certificates of Deposits, etc.) in these types of accounts are turned over to the beneficiary's control at the age of 18 to 21 (depending on the state in which the account was opened).

**A. Individual or UGMA/UTMA Custodian**

- Individual
- UGMA/UTMA \_\_\_\_\_  
Please indicate the state that governs the UGMA or UTMA

\_\_\_\_\_  
Name (first, middle initial, last) of Account Owner or UGMA/UTMA Custodian

\_\_\_\_\_  
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

\_\_\_\_\_  
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 and Corporations (Check one.)**

- 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 papers.)
- 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**

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 Higher Education Expenses will be paid from this Account.

\_\_\_\_\_  
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/Resident Alien (*Nonresident aliens are not eligible to participate in the Plan.*)

Check here if the address is the same as the Account Owner.

\_\_\_\_\_  
Street address (No P.O. Boxes)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## 3 | Successor Account Owner

You may name a Successor Account Owner for this Account. The Successor Account Owner must be at least 18 years of age. In the event of your death or disability, 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)

## 4 | Third Party Access

Please grant \_\_\_\_\_ (name of party to whom you are granting account access) permission to request information regarding my 529 college savings plan account. I understand the party named above will not be able to transact on the account in any way and that the permission I grant will remain in effect until such time that I revoke the permission.



The initial contribution can be made through any of the following options. The required minimum initial Contribution to an Account is \$25. More than one payment option can be selected.

- Check:** \$ \_\_\_\_\_  
Checks should be made payable to "The Education Plan® FBO (Name of your Designated Beneficiary)." Third-party checks are subject to review. 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. Complete banking instructions in Section 7. (A minimum of \$25 per portfolio is required.)  
  
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.)
- Payroll Deduction**—Enclose an Employee Payroll Deduction Form. You can obtain this form by calling **1.877.EdPlan8 (1.877.337.5268)** or by downloading the form at **TheEducationPlan.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 requirement. 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 **TheEducationPlan.com**
- Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account/Qualified U.S. Savings Bond**—Enclose The Education Plan® Change of Trustee/Rollover Form. You can obtain this form by calling **1.877.EdPlan8 (1.877.337.5268)** or by downloading the form at **TheEducationPlan.com**



**Choose Your Portfolios**

Indicate as a percentage how you would like your contribution to be deposited across the Age Based Tracks and/or the Custom Choice Portfolios.

**You may choose more than one Age Based Track or Index Age Based Track. If you choose more than one, you will have separate account numbers.**

**I. Age Based**

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

<b>Age Based</b>	<b>Initial Allocation</b>
Aggressive Age Based Track	_____ %
Growth Age Based Track	_____ %
Balanced Age Based Track	_____ %
Index Aggressive Age Based Track	_____ %
Index Growth Age Based Track	_____ %
Index Balanced Age Based Track	_____ %

**State/Local Government or 501(c)(3) Organizations:** If you choose the Age Based option, please indicate the specific Portfolio in which you would like your contributions to be deposited. Please see the Program Disclosure Statement and Participation Agreement for detailed portfolio information.

Age Based Track(s) selected (501(c)(3) only): \_\_\_\_\_

**II. Custom Choice Portfolios**

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

<b>Custom Choice Portfolios</b>	<b>Initial Allocation</b>
Portfolio 100	_____ %
Portfolio 80	_____ %
Portfolio 60	_____ %
Portfolio 40	_____ %
Portfolio 20	_____ %
Portfolio 10	_____ %
Fixed Income Portfolio	_____ %
Low Duration Fixed Income Portfolio	_____ %
Short Term Yield Portfolio	_____ %

<b>Index Custom Choice Portfolios</b>	<b>Initial Allocation</b>
Index Portfolio 100	_____ %
Index Portfolio 80	_____ %
Index Portfolio 60	_____ %
Index Portfolio 40	_____ %
Index Portfolio 20	_____ %
Index Portfolio 10	_____ %
Index Fixed Income Portfolio	_____ %
Index Low Duration Fixed Income Portfolio	_____ %

<b>Total</b>	<b>_____ 100 %</b>
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All future contributions will be allocated in the same manner as your initial investment selection shown above. To make any changes, please sign on to **TheEducationPlan.com** or call a Customer Service Representative at **1.877.EdPlan8 (1.877.337.5268)**.



## 7 | Bank Account Information

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.)**

If bank account owner is different than the 529 account owner, please complete the Signature Guarantee.

Your bank account will be debited approximately two business days prior to the date(s) you select or the next business day following the weekend or holiday. Please allow 10 days to process debit(s) from your account. Please choose which type of account you will be debiting.

Indicate account type:  Checking  Savings

I authorize OFI Private Investments Inc. (OFIPI) 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 OFIPI 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 OFIPI 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 OFIPI or the plan at any time without notice and that all services described herein are subject to the terms of the Plan Description and Participation Agreement, which I acknowledge I have received and read.

**Please print and sign exactly as your name appears on your plan account.**

\_\_\_\_\_  
Name of Bank Account Owner

\_\_\_\_\_  
Name of Bank Account Owner

\_\_\_\_\_  
Signature of Bank Account Owner

\_\_\_\_\_  
Signature of Bank Account Owner

## 8 | Registered Investment Advisor (optional)

You may request that The Education Plan® send copies of quarterly statements to your Registered Investment Adviser. Your adviser will not have the ability to place transactions or update account information.

**Please enter your Registered Investment Advisor information below.**

\_\_\_\_\_  
Name of Advisor

\_\_\_\_\_  
Firm name

\_\_\_\_\_  
Street address (No P.O. Boxes)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

The following information is being requested for internal purposes. Your responses will be kept confidential. If you have any questions regarding our privacy policy, call **1.877.337.5268** or visit our website at **TheEducationPlan.com**

**1. How did you hear about The Education Plan®?** (You may select more than one.)

- Direct mail
- Print ad
- Program representative/event
- Email
- News story
- Friend, family or colleague
- TV commercial
- Online advertising
- Financial advisor
- Radio
- Internet search
- Employer
- Other \_\_\_\_\_

**2. What aspect(s) of The Education 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
- Associate's degree
- Master's degree
- Professional
- Some college
- Bachelor'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 the owner's ethnicity**

- White
- African American
- Native American
- Asian American
- Hispanic/Latino
- Other \_\_\_\_\_

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 the terms set forth in the Plan Description and Participation Agreement. I agree that OFI Private Investments Inc. (OFIPI) may use this information to attempt to verify my identity. OFIPI 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. OFIPI 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

**PLEASE NOTE: Your contribution may be transferred to the appropriate state if no activity occurs, or if statements of your account activity prove undeliverable, within the time period specified by state law.**

**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)



Your signature(s) must correspond in every particular instance, 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 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.

**A signature guarantee is required if you are adding third party bank account information.**

Affix Stamp Here

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**OppenheimerFunds®**  
Distributor, Inc.

**The Education Plan® is operated as a qualified tuition program offered by The Education Trust Board of New Mexico and is available to all U.S. residents. OFI Private Investments Inc., a subsidiary of OppenheimerFunds, Inc., is the program manager for The Education Plan® and OppenheimerFunds Distributor, Inc. is the distributor of The Education Plan®.**

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**EP0000.007.0217 February 10, 2017**

