

SAMPLE



Oklahoma College Savings Plan Account Application for an Individual Account

Use this form to open a new Account by an Individual
Questions? Call toll-free 1-877-654-7284
Or write to the Plan at P.O. Box 8193 Boston, MA 02266-8193
Visit www.OK4saving.com

- Read the Plan *Disclosure Booklet* and *Participation Agreement for an Individual Account* (contained in the Plan *Disclosure Booklet*) carefully before completing this form.
- You can select as many Investment Options as you desire and you can invest future contributions into any Investment Option offered by the Plan, even if you have not opened that option through this form.
- You must complete a separate *Account Application* for each Beneficiary.

Print in capital letters with blue or black ink, sign and date the form, then mail it to the Plan at the above address.

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, the Plan will need to obtain, verify and record information that identifies each person who opens an Account.

To open an Account, you must provide your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other personal information that will allow the Plan to identify you.

1 Account Owner Information *The individual who opens and is the owner of an Account in the Plan*

The Account Owner must reside in the United States and must have a valid Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Parent or Guardian Info.

Susanna A Smith
Name (First, MI, Last, Suffix)

1222 N. 6th Ave.
Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

Miami, OK 74355
City, State, Zip

Mailing Address, if different from the above address

City, State, Zip

222 - 22 - 2222 F 01 - 01 - 1995
Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (mm-dd-yyyy)

918 - 222 - 2222
Home Telephone Number Business Telephone Number

MOTHER
Relationship to Beneficiary (optional)

sample@gmail.com
E-mail Address - Required if selecting eDelivery in Section 8.

2 Beneficiary Information *The beneficiary is the individual who will receive the proceeds for this Account.*

The Beneficiary must be a person, who may reside outside the United States, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Child's info.

Robert A Smith
Name (First, MI, Last, Suffix)

333 - 33 - 3333 M 01 - 01 - 2017
Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (mm-dd-yyyy)

Check this box if the Beneficiary lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

In case of death of acct. owner (the parent) a back-up may be listed

3 Successor Account Owner *(optional)*

The Successor Account Owner, the person who will become Account Owner in the event of death of the current Account Owner, may reside outside the United States, but must have a Social Security Number or Taxpayer Identification Number. If designating a trust, the trust must be established at the time the Successor Owner is named.

Name (First, MI, Last, Suffix) or Name of Trust (Foreign trusts are not eligible).

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Social Security Number or Taxpayer Identification Number Gender (M/F) Date of Birth (mm-dd-yyyy)

Check this box if the Successor Account Owner lives with the Account Owner. If so, do not provide an address in the boxes below.

Residential Street Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

- -

Home Telephone Number

Business Telephone Number

Relationship to Beneficiary (optional)

4 Select Investment Option

Complete this section to allocate your initial and future contributions, excluding any payroll deduction contributions, to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Option as you wish from the list below.
- You can view or change your Allocation Instructions online, by telephone or by form at any time.

Investment Options	Whole Percentage (per Investment Option)
Conservative Managed Allocation Option (Age-Based)	%
Moderate Managed Allocation Option (Age-Based)	100 %
Aggressive Managed Allocation Option (Age-Based)	%
Diversified Equity Option (2241)	%
U.S Equity Index Option (2262)	%
Global Equity Index Option (1953)	%
Balanced Option (2240)	%
Fixed Income Option (2242)	%
Guaranteed Option (1954)	%
TOTAL	100%

See pages 90 & 91 of 529 booklet for more info

5 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section.

Check - Make check payable to the Oklahoma College Savings Plan

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

Amount

\$

One Time Electronic Funds Transfer (EFT)

Please provide bank information in **Section 6**

Amount \$

Automatic Contribution Plan (ACP)

Complete **Sections 6 and 7 below** to make regularly scheduled contributions from your bank.

Rollover

- To roll over proceeds directly from another 529 plan, submit the Plan's *Incoming Rollover Form* along with this application.
- To roll over the proceeds you received from the redemption from another 529 plan account, submit a check for the amount along with this application. The check must be received within 60 days of the date of the withdrawal from the other qualified tuition program or Coverdell ESA. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$

Payroll Deduction

This option is only available if your employer agrees to offer payroll deduction and will submit your contributions by Automated Clearing House Funds (ACH). If your employer does not offer this option, please consider enrolling in the Automatic Contribution Plan (ACP) by completing Sections 6 and 7 below to make regularly scheduled contributions to the Plan from your bank account. Please complete the payroll form that can be downloaded from the Plan's website and provide your allocation instructions for payroll deduction contributions only on that form.

Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)

Please provide the breakdown of contribution and earnings below AND submit a statement with these amounts with this form.

Proceeds from the redemption of a qualified U.S. Savings Bond

Please provide the breakdown of contribution and earnings below AND submit a Form 1099 with these amounts with this form.

Cost Basis	\$,		.	
Earnings	\$,		.	
Total Indirect Rollover Amount	\$,		.	

Note: If you do not provide an account statement from your former 529 plan or financial institution (or Form 1099-INT for the proceeds from a qualified U.S. Savings Bond), including the breakdown of cost basis and earnings, the entire amount will be treated as, and reported to the IRS as, earnings when you make a withdrawal from the Plan.

6 Banking Information

You must provide the following information if you choose to make your initial investment through Electronic Funds Transfer (EFT) or the Automatic Contribution Plan (ACP), or subsequent contributions through the Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Option you have selected. Provide a pre-printed voided check or pre-printed deposit slip along with this form. It may take up to ten days to initiate these options.¹

Type of Account (check one):	<input type="checkbox"/> Checking
	<input type="checkbox"/> Savings
Account Number:	Routing Number:
Name(s) on Account: <i>The Account Owner's name must appear on the bank account.</i>	
Bank Name:	Bank Telephone Number:

7 Automatic Contribution Plan

Contribution Amount

.00

¹ By providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through the Oklahoma College Savings Plan website provided your banking information has been on file for a minimum of 30 days. Please do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information

Investment Dates

If none selected, then your bank withdrawals will occur monthly.

<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
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Month(s) Select the month(s) you would like your Automatic Contributions made (you must select at least one).
 If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

<input type="checkbox"/> Every Month (or →)	<input type="checkbox"/> Jan.	<input type="checkbox"/> Feb.	<input type="checkbox"/> Mar.	<input type="checkbox"/> Apr.
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> Jul.	<input type="checkbox"/> Aug.
	<input type="checkbox"/> Sept.	<input type="checkbox"/> Oct.	<input type="checkbox"/> Nov.	<input type="checkbox"/> Dec.

Date(s) Enter the day(s) of each month you would like your Automatic Contributions made (you must enter at least one date). If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

Required:	Additional Day(s) (optional)
Day 1	Day 2
	Day 3
	Day 4

8 eDelivery

Choose how you would like to receive important documents. Account maintenance including New Account Confirmations will be sent by US mail in addition to delivery notifications. If no selection is made, all documents will be sent via U.S. Mail.

Document Type	Delivery Method	
Select All	<input type="checkbox"/> Paperless	<input checked="" type="checkbox"/> U.S. Mail
Or make individual selections below.		
Account Statements	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Confirmation Statements	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Disclosure Booklet/Privacy Policy	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail
Tax Forms	<input type="checkbox"/> Paperless	<input type="checkbox"/> U.S. Mail

Please note: Due to Plan regulations, certain document types must be sent via U.S. mail or electronic notifications.

Electronic Delivery Terms of Use

By checking this box, you agree to the electronic delivery terms and conditions below and acknowledge that you can electronically access, view, print, and save these documents.

- Notification** – You will receive an e-mail notice each time a new updated document is available for viewing online, which will include a link taking you directly to the Plan website. You may always access these documents online by going to the Plan’s website.
- Internet Slowdown** – Your ability to view, download, and print the documents depends on internet access to the Plan’s website and there is a risk that a system outage or slowdown could, from time to time, cause a document to become temporarily unavailable.
- Hardware/Software** – You will need an Internet connection, a valid e-mail account, a computer and operating system capable of receiving, accessing, displaying, and storing the documents you receive in Portable Document Format (PDF) and running a web browser that supports the level of encryption employed by the Plan’s website and a printer if you wish to print the documents.
- Adobe Acrobat Reader** – You must have Adobe Acrobat Reader version (4.0) or later to access and read the documents. You can read about and download it for free on the Plan’s website or directly from Adobe’s website at www.adobe.com.
- Fees** – the Plan does not charge any fees for electronic delivery
- Change in email Address** – You can change your email address at any time by accessing your Account online and selecting, “Email Address” or by contacting a customer service representative at the toll-free number listed on this application. If an email notice sent to your email address is returned as undeliverable, your consent to electronic delivery will be deemed withdrawn and you will subsequently receive paper copies of the documents through the U.S. mail. At any time thereafter you may return to your account online and re-consent to electronic delivery.
- Withdrawal of Consent** – Your consent to electronic delivery is valid until you withdraw it. You may withdraw your consent at any time without fee or penalty by going online and changing your delivery preference or by contacting a customer service representative using the toll-free number on this application.
- Paper Copies** – You may request a free paper copy of any document at any time by contacting a customer service representative using the toll-free number on this application. This request will NOT revoke your consent to electronic delivery.

9 Signature and Certification (You must sign this section or this Account will not be opened.)

By signing below, I am agreeing to the terms and conditions set forth below and in the *Plan's Disclosure Booklet and in Participation Agreement*. I understand and agree that the terms of the *Disclosure Booklet and the Participation Agreement* govern all aspects of this Account and are herein incorporated by reference into this application.

I hereby establish, as the Account Owner, an Account representing an interest in the Oklahoma College Savings Plan Trust (the "Trust") for the Beneficiary to be named on the following page and enter into this Participant Agreement (this "Agreement") relating to the Account with the Trust. The Board of Trustees of the Oklahoma College Savings Plan (the "Board") is the Trustee of the Trust. I understand that the Board has retained TIAA-CREF Tuition Financing, Inc. as the direct plan manager (the "Direct Plan Manager") for The Oklahoma College Savings Plan (the "Program") and that this Agreement is subject to and incorporates by reference the information concerning the Trust, the Program, and the terms applicable to my Account, contained in the Plan Disclosure Booklet and its Participation Agreement (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Disclosure Booklet.

- I certify that all of the information provided by me on this *Account Application* is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.
- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the Plan may, from time to time, amend the *Participation Agreement* and the *Plan Disclosure Booklet* and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in Section 6, I authorize the *Oklahoma College Savings Plan* to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- You should be aware that by providing banking information, you also authorize the Plan to automatically provide certain capabilities in connection with your Account(s). This includes the ability to authorize withdrawals from your Accounts via telephone or through this Website provided your banking information has been on file for a minimum of 30 days.
Do not provide your banking information if you do not wish to activate these capabilities. If you wish to remove these capabilities from your account(s), you must delete your banking information.

Susanna A Smith

Signature of Account Owner

02/03/2018

Date

You should retain a copy of this *Account Application*, the *Plan Disclosure Booklet* and the *Participation Agreement* (contained in the *Plan Disclosure Booklet*) with your records.

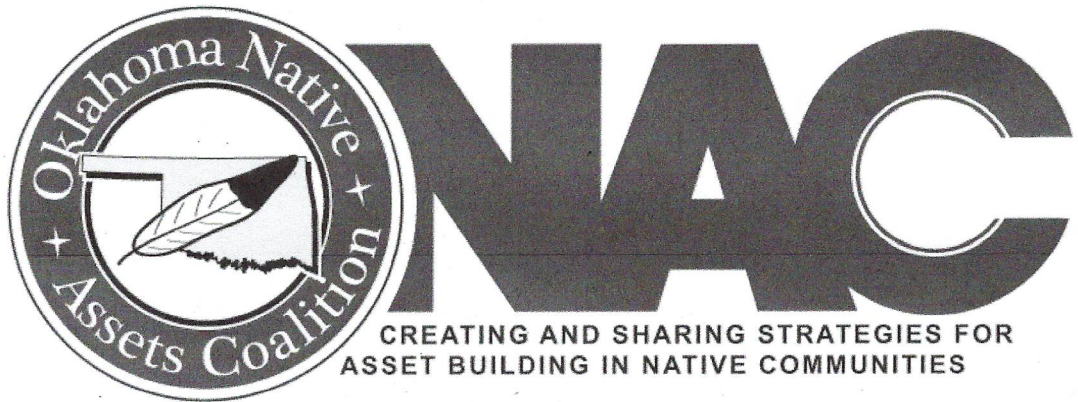
Mail to:

Overnight Mail
Oklahoma College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail
Oklahoma College Savings Plan
P.O. Box 8193
Boston, MA 02266-8193

A12483B:07/16





**Oklahoma Native Assets Coalition, Inc. (ONAC)
 Children's/Youth Savings Account Program Application
 For Families Residing in Oklahoma**

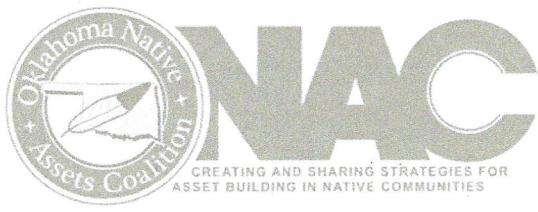
Please complete the information below so that ONAC may have the information needed to send an opening deposit of \$100.00 for a Children's/Youth Savings Account in your Oklahoma 529 College Savings Plan for your child.

1. **Full Legal Name of Child for the Account:** Robert A. Smith (Information requested by ONAC so that we may send a check, in your child's name, for the opening deposit).
2. **Oklahoma 529 Plan Account Number:** N/A (Information requested by ONAC so that we may direct the opening deposit towards your child's account).
3. **Age of the Child:** 1 (Information requested by our funders).
4. **Depending on your family size, is your family's yearly gross income (income before paying taxes or taking deductions) at, or below, the income caps found in the table below? This information is available on your pay stub. Please check the box with your response:** Yes No

Family Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Maximum yearly gross income	\$23,760	\$32,040	\$40,320	\$48,600	\$56,880	\$65,160	\$73,460	\$81,780

5. **As the parent/guardian, what are your hopes for your child's future, in relation to this Children's Savings Account?**

Their hopes...



6. Going forward, do you plan to deposit any additional funds in this account, for your child?

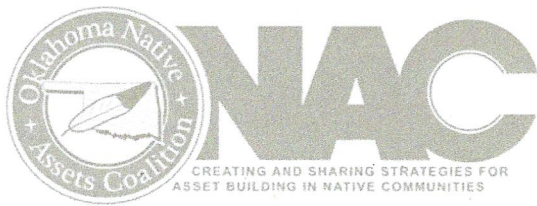
7. Do you have any questions or feedback for either the Oklahoma Native Assets Coalition, Inc. or the Housing Authority of the Peoria Tribe of Indians of Oklahoma?

Parental/Guardian Consent and Acknowledgment:

initials needed
If you are participating in the ONAC Children's Savings Account Program by opening an account in the Oklahoma 529 College Savings Plan, please initial that you understand and agree that:

SS (Initials)

- I understand that the Oklahoma 529 College Savings Plan separately and independently accepts or declines accounts and that if the Oklahoma 529 College Savings Plan declines my account paperwork, I will be unable to participate in this Program.
- Our participation in this Program is voluntary and it is my responsibility to understand how our participation in the Program may impact my eligibility for public benefits. Please note: If you receive Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Tribal TANF*, or Low Income Home Energy Assistance Program (LIHEAP), in Oklahoma, this Children's Savings Account **will not impact** your eligibility for these programs, due to protections from state and federal legislation (we have a handout available if you would like this documentation). *Tribal TANF can disregard the income of the child. Parent should check that the tribe has noted that children's income is disregarded in their Tribal TANF plan and in their Tribal TANF policies and procedures. It is unknown if Veteran's benefits are affected by a child having funds in a 529 college savings plan.
- **The 529 Account is intended to be used for qualified educational expenses; any other use may cause me to incur tax liabilities and/or other penalties.** Earnings in 529 accounts are not subject to federal incomes taxes when they are used to cover eligible postsecondary education expenses, such as tuition, room and board (with limitations), and fees, books, supplies, and equipment required for the enrollment or attendance costs of a beneficiary at an eligible university, college, or vocational program.



- **The 529 Account is an investment account subject to market volatility and may lose value, including my entire investment.** ONAC is unable to give investment advice. When choosing investment options, you may call the TIAA Call Center at 1-877-654-7284 (they manage the investments for the Oklahoma 529 College Savings Plan). The call center is open from 7:00 a.m. to 7:00 p.m. CT, Monday through Friday. They cannot give investment advice either but they can provide you with information. After you choose the initial allocation, when you open the account, you can later choose other allocation options by working with TIAA.
- **I further agree to hold ONAC and its respective consultant or agents harmless from responsibility or liability for any damages or losses incurred by me or the 529 Account in connection with my participation in the Program or any of the activities connected with the Program, including but not limited to: investment losses; potential tax liabilities and/or penalties; and any loss of public benefits or eligibility to those benefits. I understand that I am solely responsible for investment decisions related to the 529 Account, and the Program does not constitute a suitability determination, investment recommendation or a solicitation by ONAC or their consultant or agents.**

IMPORTANT: PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS AND SIGN BELOW

Account Owner Legal Name (Adult opening account): Susanna A Smith
(First, Middle Initial, Last)

Account Owner Street Address: 1222 N. 6th Ave.

City & State: Miami OK Zip Code: 74355

Account Owner Email: sample @ gmail.com

Phone: 918-222-2222

On behalf of Robert Smith (name of child), I hereby give permission (consent) for my child to participate in the ONAC Children's Savings Account program and acknowledge that Robert Smith (name of child) will receive \$100.00 from the Oklahoma Native Assets Coalition, Inc. for the opening of a 529 college savings account on the child's behalf. By signing this form, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to administrative penalties.

Susanna Smith
Parent/Guardian (Account Owner) Signature

2/3/2018
Date

If you need to reach the coordinator for this project, please contact the ONAC Executive Director, Christy Finsel (Osage), at cfinsel@oknativeassets.org. Thank you for your support of this program!