

# Oklahoma College Savings Plan Account Application



- For faster processing, you can complete this request online at **ok4saving.org**.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least \$25.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description and Participation Agreement.

To request assistance in completing this form call us at **1.877.654.7284**, Monday through Friday from 7 a.m. – 7 p.m. CT.



**1.877.654.7284**

Monday to Friday 7 a.m. – 7 p.m. CT



**www.ok4saving.org**

Regular mailing address:

**Oklahoma College Savings Plan  
P.O. Box 219249  
Kansas City, MO 64121-9249**

Overnight mailing address:

**Oklahoma College Savings Plan  
920 Main Street, Suite 900  
Kansas City, MO 64105-2017**

## Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

*What this means for you:* When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

## 1 Account Type

- Individual Account.** I am opening a new Oklahoma College Savings Plan Account.
- UGMA/UTMA Account.** I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of   (*please abbreviate*) in which the liquidated UGMA/UTMA custodial Account was opened.



\* OK ACCOUNT APPLICATION \*

**2 Account Owner or Custodian/Trustee Information** *(The Account Owner is the person who owns the account and the Custodian/Trustee of an UGMA/UTMA is the person who manages the account. This person must be at least 18 years old at the time the Account is opened and a contribution is made.)*

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

Primary Telephone Number

Secondary Telephone Number

Mobile Landline

Mobile Landline

I agree to allow the Oklahoma College Savings Plan and its affiliates, agents, and service providers, to contact me at the phone number(s) provided, or any phone number(s) provided at a later date, using an automatic telephone dialing system or text message, to provide messages, including account matters, informational, and marketing. I acknowledge that providing the phone number(s) is not a condition of receiving any services. By providing the phone number(s), I certify that the phone number is accurate and that I own the rights to use that phone number and to give consent to call or text the phone number(s) provided as well as any phone number(s) provided at a later date.

**PLEASE NOTE:** If you do not to agree to be contacted for the matters described above, you understand that we may still contact you at the phone number(s) you have provided in order to service your account.

Gender Male Female Other

Email Address

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

Account Mailing Address if different from above (This address will be used as the Account's address of record for all account mailings.)

City State Zip Code

**3 Beneficiary or Minor Information** *(The Beneficiary or Minor is the person for whom the funds are intended.)*

Legal Name (First name) (Required) (M.I.)

Legal Name (Last name) (Required)

Social Security or Taxpayer Identification Number (Required)

Birth Date (mm-dd-yyyy) (Required)

Gender Male Female Other

Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

U.S. Permanent Street Address (P.O. boxes are not acceptable.) (Required)

City State Zip Code

City

State

Zip Code

Relationship of Account Owner to Beneficiary (Optional)

Parent Guardian Grandparent Friend Self Other

4 Successor Account Owner Information (Recommended)

Note: A Successor Account Owner cannot be added to an UTMA/UGMA account.

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your death.
The Successor Account Owner must be eligible to become an Account Owner in the event of death of the current Account Owner.
The Successor Account Owner must be an individual residing in the U.S. with a valid Social Security number or Taxpayer Identification number who is at least 18 years of age or Trust (Foreign Trusts are not eligible), at the time the account is transferred and when a contribution is made to the account.
You may revoke or change your designation later by completing the appropriate form.
See the Oklahoma College Savings Plan Description and Participation Agreement for more information.

Legal Name (First name)/or Trust Name (Foreign trusts are not eligible.) (M.I.)

Legal Name (First name)/or Trust Name (Foreign trusts are not eligible.)

(M.I.)

Legal Name (Last name)/or Remaining Trust Name

Legal Name (Last name)/or Remaining Trust Name

Birth Date or Trust Date (mm-dd-yyyy) (Required)

Birth Date or Trust Date (mm-dd-yyyy) (Required)

5 Interested Party Information (if applicable)

Complete this section if you want to have an additional person (interested party) receive quarterly account statements.

Interested Party (First name) (M.I.)

Interested Party (First name)

(M.I.)

Interested Party (Last name)

Interested Party (Last name)

Mailing Address

Mailing Address

City State Zip Code

City

State

Zip Code

Telephone Number

Telephone Number

Relationship to Account Owner.

Compliance Investment Advisor Parent/Guardian Other



**7 A. Registered Investment Advisor (RIA) Information**

Only complete the information below if you want to add an RIA to your account or replace the existing RIA on your account.

**Note:** If your Advisor is a corporation or other entity, the entity must complete and submit an **Oklahoma Registered Investment Advisor Authorization Form**.

RIA (First name) [grid of boxes] (M.I.)

RIA (Last name) [grid of boxes]

Firm Name (if applicable) [grid of boxes]

IARD/Rep Number [text box]

Dealer Number [text box]

Branch Number [text box]

IARD/Rep Number

Dealer Number

Branch Number

Mailing Address [grid of boxes]

Mailing Address

City [grid of boxes]

City

State [grid of boxes]

State

Zip Code [grid of boxes]

Zip Code

Telephone Number [grid of boxes]

Telephone Number

**B. Authorization Level**

I, the Account Owner listed in **Section 2**, appoint the RIA and their firm listed in **Section 7** to act on my behalf as indicated below.

**Account Inquiry Access.** Authorized to obtain information about my Account(s) and receive duplicate Account statements.

I ACKNOWLEDGE AND ACCEPT MY AUTHORITY TO OBTAIN INFORMATION ABOUT THE OKLAHOMA COLLEGE SAVINGS PLAN ACCOUNT(S) AND RECEIVE DUPLICATE ACCOUNT STATEMENTS ON BEHALF OF THE ACCOUNT OWNER LISTED IN **SECTION 2** OF THIS FORM.

SIGNATURE [text box]

Signature of RIA

Date [grid of boxes]

Date (mm-dd-yyyy)

## 8 Investment Option Selection *(Required)*

Complete this section to allocate your initial and future 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 Options as you wish from the list below.
- You can view or change your Allocations for Future Contributions online, by telephone or by form at any time.

### Enrollment Year Investment Options:

The asset allocation of money invested in the Enrollment Year Investment Options is automatically adjusted over time to become more conservative as the beneficiary approaches the enrollment year.

2036 / 2037 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2034 / 2035 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2032 / 2033 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2030 / 2031 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2028 / 2029 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2026 / 2027 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2024 / 2025 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2022 / 2023 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
2020 / 2021 Enrollment Option	<input type="text"/> <input type="text"/> <input type="text"/> %
In School Option	<input type="text"/> <input type="text"/> <input type="text"/> %

### Static Investment Options:

The assets will remain in your selected Option(s) until you update your Investment Option.

Diversified Equity Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Global Equity Index Option	<input type="text"/> <input type="text"/> <input type="text"/> %
U.S. Equity Index Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Fixed Income Option	<input type="text"/> <input type="text"/> <input type="text"/> %
Guaranteed Option	<input type="text"/> <input type="text"/> <input type="text"/> %

Total  %

**9 Contribution Method** *(Your minimum initial contribution must be at least \$25 per account.)*

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 8 Business Days upon deposit to your account.
- Third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

**Source of funds** *(Complete all that apply.)*

**A. Check:** Make check payable to **Oklahoma College Savings Plan.**

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier'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 Plan are accepted.

\$     ,     .     
Amount

**B. Rollover from another 529 plan or Coverdell Education Savings Account to an Oklahoma College Savings Plan Account:**

- 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 withdrawal 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.

\$     ,     .     
Amount of Rollover

\$     ,     .     
Principal *(Basis)*

\$     ,     .     
Earnings

**C. Transfer from an existing Oklahoma College Savings Plan Account:** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form.**

—    
Account Number

**D. Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

\$     ,     .     
Amount of Rollover

\$     ,     .     
Principal *(Basis)*

\$     ,     .     
Earnings

**E. Payroll Direct Deposit.** You can establish or change Payroll Direct Deposit by logging into your account at **ok4saving.org**. If you want to make contributions to your Oklahoma College Savings Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Oklahoma College Savings Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Oklahoma College Savings Plan. Once this is received please enter this information on your employer self-service portal *(if available)* or provide your signature and Social Security or tax payer identification number on this form and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Oklahoma College Savings Plan Accounts.

Amount of Payroll Direct Deposit each pay period *(enter any dollar amount):* \$  ,    .    0 0





**10 Bank Information** (Required to establish the Recurring Contribution or EFT service.)

**Note:** The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Bank Name

Bank Routing Number

Bank Account Number

Account Type  (Check One.)

Checking

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner (First name)

(M.I.)

Bank Account Owner (Last name)

Signature of Bank Account Owner

Date (mm-dd-yyyy)

Joint Bank Account Owner (First name)

(M.I.)

Joint Bank Account Owner (Last name)

Signature of Joint Bank Account Owner

Date (mm-dd-yyyy)

### 11 Automatic Dollar-Cost Averaging Program (Optional)

Automatic dollar-cost averaging allows you to reallocate from one Investment Option to one or more other Investment Options within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum \$100 contribution to an initial Investment Option (Source Option), and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Options (Target Option).
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Option change limit. To start automatic dollar-cost averaging at the time of enrollment you must mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Option change limit.

**Amount:** \$                   (minimum \$100)  
Amount

**Frequency** (Select one.):  **Monthly**  **Quarterly** (Based on established date, not calendar quarter.)

**Start Date:**\*    —    —        
Date (mm/dd/yyyy)

\* The Plan must receive instructions at least 3 business days prior to the indicated start date. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.

**Stop Type** (Select one.):

**Stop Date**    —    —        
Date (mm/dd/yyyy)

**When total amount of Reallocation equals:** \$

**When Complete Balance of the Source Option is depleted.**

**Source Option:**

**Target Option:**

Investment Option

\$

Dollar Amount

Investment Option

\$

Dollar Amount

Investment Option

\$

Dollar Amount

## 12 Signature and Certification — YOU MUST SIGN BELOW

**By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Plan Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.**

I hereby establish, as the Account Owner, an Account representing an interest in the Oklahoma College Savings Plan (the "Plan") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan.

The Board of Trustees of the Oklahoma College Savings Plan is the Plan Administrator. I understand that the Plan Administrator has retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Oklahoma College Savings Plan Description and its Participation Agreement (the "Plan Description"), 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 Plan Description.

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 Plan Description and Participation Agreement and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the Plan Description and the Participation Agreement.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Education Savings Account, 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. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- 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 10**, 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 **ok4saving.org** 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.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm-dd-yyyy)