

# Enrollment Application



Imagine the Possibilities

| Instructions

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

When requested, please color in circles completely.

**Complete this form to establish a Texas College Savings Plan account.**

- To enroll online visit [www.texascollegesavings.com](http://www.texascollegesavings.com)
- Please read the Plan Description and Savings Trust Agreement prior to investing. You can obtain a copy at [www.texascollegesavings.com](http://www.texascollegesavings.com)

If you have any questions, please call us at **1.800.445.GRAD (4723), option #3**, Monday through Friday from 7am to 7pm, Central Time.

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

**Texas College Savings Plan  
P.O. Box 173881  
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 **1.800.445.GRAD (4723), option #3**, for instructions about how to properly establish the account.

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

**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 (See Section 8)

\_\_\_\_\_  
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 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	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. 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)



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 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 6.)  
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 6.)  
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 **1.800.445.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 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 **[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 **1.800.445.GRAD (4723), option #3**, or by downloading the form at **[www.texascollegesavings.com](http://www.texascollegesavings.com)**



**Choose Your Portfolios**

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

If you choose the Blended Age Based Portfolio as well as the Index Age Based Portfolio you will have two separate account numbers.

**I. Age Based Portfolios**

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

<b>Age Based Portfolios</b>	<b>Initial Allocation</b>
Blended Age Based Portfolio	_____ %
Index Age Based Portfolio	_____ %

**State/Local Government or 501(c)(3) Organizations:** If you choose the Age Based Portfolio, 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 (501(c)(3) only): \_\_\_\_\_

**II. Static Portfolios**

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

<b>Blended Static Portfolios</b>	<b>Initial Allocation</b>
100% Equity Portfolio	_____ %
Balanced Portfolio	_____ %

<b>Index Static Portfolios</b>	<b>Initial Allocation</b>
100% Equity Portfolio	_____ %
Balanced Portfolio	_____ %

**III. Individual Fund Portfolios**

Fixed Income Portfolio	_____ %
Inflation-Protected Bond Portfolio	_____ %
Money Market Portfolio	_____ %
U.S. Government Money Market Portfolio	_____ %
<b>Total</b>	<b>_____ 100 %</b>

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 [www.texascollegesavings.com](http://www.texascollegesavings.com) or call a Customer Service Representative at **1.800.445.GRAD (4723), option #3.**



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.)**

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 Savings Trust Agreement, which I acknowledge I have received and read.

**Please print and sign exactly as your name(s) 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



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 **1.800.445.GRAD (4723)** or visit our website at **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**

<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 _____		

- Select this option to sign up to receive any of the following information via electronic mail.<sup>1</sup>

I consent to the delivery of the documents that are governed under OppenheimerFunds 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 directly to the updated document on the Texas College Savings Plan website, where it can be viewed and downloaded. This consent will remain effective until I revoke it. At the time my account is established I will receive a confirmation email that will enable me to complete my eDelivery subscription and select preferences.

- Statement, Confirms and Plan Documents
- Tax Forms
- Plan News and Updates

1. eDelivery is available only if your name appears in your account registration. Your eDelivery enrollment applies to all 529 accounts you have now or may open in the future within the same Plan, using the same Social Security number, financial advisor (if applicable), and Account Owner name. You may revoke the consent of eDelivery and resume receiving paper documents via U.S. postal mail at any time.



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 Savings Trust 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)

Mail initial deposits and future purchases to:

**Texas College Savings Plan**  
**P.O. Box 173881**  
**Denver, CO 80217**

The Texas College Savings Plan® is established and maintained by the Texas Prepaid Higher Education Tuition Board and distributed by OppenheimerFunds Distributor, Inc. OFI Private Investments Inc., a subsidiary of OppenheimerFunds, Inc., is the plan manager and administrator of the Plan.

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