



Oklahoma College Savings Plan
Account Application for a Custodial Account
 Use this form to open a new Plan Account under UGMA/UTMA¹
 Questions? Call toll-free 1-877-654-7284
 Or write to the Plan at P.O. Box 219249 Kansas City, MO 64121-9249
 Visit www.OK4saving.org

- Before completing this form, read the *Plan Disclosure Booklet and Participation Agreement* (contained in the *Plan Disclosure Booklet*).
- You may invest in as many Investment Options as you want as long as you meet the minimum for each investment Option.
- You must complete a separate *Account Application* for each Beneficiary.
- Print in capital letters with blue or black ink, sign and date this 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 Custodian Information *(You must provide all requested information or the Account cannot be opened.)*

The Custodian 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 an emancipated minor, at the time the Account is opened and a contribution is made. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last) Suffix

Residential Address (This must be a street address – a P.O. Box is not acceptable.)

City, State, Zip

Mailing Address, if different from above address

Mailing Address City, State, Zip

Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

Gender (M/F)

Contact Telephone Number

Relationship to Beneficiary (optional)

E-mail Address

2 Minor Information *(This is the person for whom you are opening the account. You must provide all requested information.)*

The Beneficiary must be an individual residing in the U.S. with a valid Social Security Number or Taxpayer Identification Number. You must provide a residential street address (no P.O. boxes) or this Account cannot be opened.

Name (First, MI, Last, Suffix)

Social Security Number or Individual 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.)

City, State, Zip

¹ Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA). See the *Disclosure Booklet* for more information.

3 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 Options 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)	%
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%

4 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 Plan are accepted.

Amount \$

One Time Electronic Funds Transfer (EFT)

Please provide bank information in **Section 5**

Amount \$

Automatic Contribution Plan (ACP)

Complete **Sections 5 and 6 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 5 and 6 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 www.OK4saving.org 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.

5 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 Online 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.

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

6 Automatic Contribution Plan

Contribution Amount

	.00
--	-----

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

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Other
----------------------------------	------------------------------------	--------------------------------

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"/> March	<input type="checkbox"/> April
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<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

7 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 **Participation Agreement** (contained in the Plan Disclosure Booklet). 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 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 5, 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.*

Signature of Custodian

Date

I will retain a copy of this Account Application, the Plan Disclosure Booklet and the Participation Agreement (contained in the Plan Disclosure Booklet) with my records.

Mail to:

Overnight Mail
Oklahoma College Savings Plan
430 W 7th Street Suite 219249
Kansas City, MO 64105-1407

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

A12476:10/18

