



Oklahoma College Savings Plan Authorization for Online Account Access

(for Trust Accounts only)

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

- Use this form to request online account access for a trust account. By signing this form, all trustees will authorize **only one trustee** to have online account access, including any future online enhancements that may include online withdrawals from the account.
- All trustees must sign this form and a Medallion Signature Guarantee or Signature Validation Program stamp¹ is required in Section 4 for each trustee's signature.
- Include a copy of the Trust agreement with this form, specifically the section(s) in which the trust is established and the trustee(s) named.
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Program at the above address.
- Allow 7-10 days for mail and processing time, then visit www.OK4saving.org to establish online account access. You will be notified only if your submission is incomplete and/or additional information is required.

1 Trust Information

Provide the trust name, date of the trust agreement and trustee name(s).

Name of Trust (Line 1)

Name of Trust (Line 2)

Date of Trust Agreement

1 - Trustee Name (First, MI, Last, Suffix)

2 - Trustee Name (First, MI, Last, Suffix)

3 - Trustee Name (First, MI, Last, Suffix)

2 Account Information

Provide the account number and beneficiary name for each account owned by the trust and for which online account access is requested.

> Account 1

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

> Account 2

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

> Account 3

Account Number (Refer to your statement or leave blank for a new account.)

Beneficiary Name (First, MI, Last, Suffix)

¹ A Medallion Signature Guarantee or Signature Validation Program stamp is available from banks or trust companies, savings banks, savings and loan associations or members of a national stock exchange and warrants that the signer is the appropriate person to provide instruction. A notary public **cannot** provide a Medallion Signature Guarantee or Signature Validation program stamp. Please contact your bank or broker, if needed.

3 Trustee Information (You must name only one trustee to establish online account access.)

Provide the name of the designated trustee who will establish and maintain online account access.

Trustee Name (First, MI, Last, Suffix)

____ - ____ - _____

____ - ____ - ____ - ____

Social Security Number or Individual Taxpayer Identification Number

Date of Birth (mm-dd-yyyy)

____ - ____ - ____ - ____

Gender (M/F)

Contact Telephone Number

Important Information about Online Account Access

Only one trustee may have online access for an account. By signing this form, all trustees grant the trustee named above the ability to establish unrestricted online account access. The designated trustee will have the ability to manage the account online, including current online features or any that may be offered in the future without prior notice, regardless of any restrictions contained in the trust agreement.

4 Signature and Authorization (This section must be signed by ALL Trustees for this request to be processed.)

By signing this form, I/we request online account access for this trust account and authorize the trustee named in Section 3 to establish online account access without restriction.

- I/we certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct.
- I/we certify that I am a trustee of this Account and I have the authority to act as the Account Owner.

<p>_____ Trustee Name (Print)</p> <p>_____ Trustee Signature</p> <p>_____ Date (mm/dd/yy)</p>	<p>AFFIX STAMP HERE (MSG or SVP)</p>
<p>_____ Trustee Name (Print)</p> <p>_____ Trustee Signature</p> <p>_____ Date (mm/dd/yy)</p>	<p>AFFIX STAMP HERE (MSG or SVP)</p>
<p>_____ Trustee Name (Print)</p> <p>_____ Trustee Signature</p> <p>_____ Date (mm/dd/yy)</p>	<p>AFFIX STAMP HERE (MSG or SVP)</p>

Important Information about Trustee Signatures

A Medallion Signature Guarantee or Signature Validation Program stamp is required for the signature of each trustee otherwise online account access will not be granted for this account. Each trustee may be required to provide proof of his/her authority to act on behalf of this Account to his/her bank or broker before a Medallion Signature Guarantee or Signature Validation Program stamp will be affixed to this form. Contact your bank or broker for additional information and requirements for obtaining a stamp.

<p>Overnight Mail Oklahoma College Savings Plan 430 W 7th Street Suite 219249 Kansas City, MO 64105-1407</p>	<p>Mail this form to: Regular Mail Oklahoma College Savings Plan P.O. Box 219249 Kansas City, MO 64121-9249</p>
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