

# Enrollment Application



Save today for your child's tomorrow

## | 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 Scholar's Edge® account.

- Please read the Plan Description and Participation Agreement prior to investing. You can obtain a copy at [scholarsedge529.com](http://scholarsedge529.com)

If you have any questions, please call us at **1.866.529.SAVE (7283)** Monday through Friday from 6:00am to 6:00pm, Mountain Time.

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

**Scholar's Edge**  
**P.O. Box 173691**  
**Denver, CO 80217**  
**Fax: 1.303.768.6529**

## 1 | Financial Advisor Information

Financial advisor's name (first, middle initial, last)		Branch number	
Firm name		Dealer and Representative ID number(s)	
Street address			
Street address 2			
City	State	Zip	
Daytime phone number	Fax number		
Email address			
BIN number			

## 2 | 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 **1.866.529.SAVE (7283)** for instructions about how to properly establish the account.



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

The Uniform Gifts to Minors Act (UGMA) and the Uniform Transfers to Minors Act (UTMA) are types of custodial accounts that are set up by an adult on behalf of a minor. All the money and assets (e.g. mutual funds, stocks, bonds, Certificates of Deposit, etc.) in these types of accounts are turned over to the beneficiary's control at the age of 18 to 21 (depending on the state in which the account was opened).

Please fill out Section B if your Account Type is a Trust, 501(c)(3), Partnership or Corporation.

**Country of Incorporation/ Organization**

United States (Entity must be incorporated/organized in the U.S. to be eligible to participate in the Plan.)

**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

\_\_\_\_\_  
Mailing address (if different from above)

\_\_\_\_\_  
City      \_\_\_\_\_  
State      \_\_\_\_\_  
Zip      \_\_\_\_\_

**B. Trusts, 501(c)(3), Partnerships or Corporations (Check one.)**

- Trust (Please include copies 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.)

\_\_\_\_\_  
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

3 | 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
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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
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## 4 | Successor Account Owner

You may name a Successor Account Owner for this Account. The Successor Account Owner must be at least 18 years of age. 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)

## 5 | Unit Class

Please select only one Unit Class per account. If you do not choose a Unit Class, your investment will be made in Class A Units. If funding via payroll deduction Class A Units must be selected. Each Unit Class has a different fee and expense structure. Please refer to the Plan Description and Participation Agreement for complete details. If you wish to establish more than one Unit Class, you must open another account within the Plan.

Class A Unit     Class C Unit

## 6 | Portfolio Selection

### Choose Your Portfolios

Indicate as a percentage how you would like your Contributions to be deposited across the Age Based Tracks, Custom Choice Portfolios and/or Individual Fund Portfolios. If you wish to open only a Portfolio Allocator account, proceed directly to Section IV.

When opening an account with any combination of Age Based Tracks, Custom Choice Portfolios and/or Individual Fund Portfolios your total initial allocation must add up to 100%.

If you are also opening a Portfolio Allocator Account (Section IV), you will be assigned a separate account number. Your combination of Portfolios selected must also have a total initial allocation totalling 100%.

### I. Age Based

Your chosen Age Based Track will automatically change over time based on your Designated Beneficiary's age.

Age Based	Initial Allocation
Aggressive Age Based Track	_____ %
Growth Age Based Track	_____ %
Balanced Age Based Track	_____ %

**State/Local Government or 501(c)(3) Organizations:** If you choose an Age Based option, please indicate the specific Portfolio in which you would like your Contributions to be deposited. Please see the Plan Description and Participation Agreement for detailed information.

Age Based Track(s) selected (501(c)(3) only): \_\_\_\_\_

**You may choose more than one Age Based Track. If you choose more than one, you will have separate account numbers.**



**II. Custom Choice Portfolios**

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

<b>Custom Choice Portfolios</b>	<b>Initial Allocation</b>
Portfolio 100	_____ %
Portfolio 80	_____ %
Portfolio 60	_____ %
Portfolio 40	_____ %
Portfolio 20	_____ %
Portfolio 10	_____ %
Fixed Income Portfolio	_____ %
Low Duration Fixed Income Portfolio	_____ %
Capital Preservation Portfolio	_____ %

**III. Individual Fund Portfolios**

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

Selecting any combination of the Individual Fund Portfolios allows you and your financial advisor to craft your own asset allocation to suit your investment preferences. As with any customized investment program, it is important that your financial advisor understands your long-term objectives and risk tolerance before constructing an asset allocation.

<b>Individual Fund Portfolios</b>	
<b><u>Domestic Equity Portfolios</u></b>	
Monetta Young Investor Portfolio	_____ %
Dreyfus Research Growth Portfolio	_____ %
Oppenheimer Discovery Portfolio	_____ %
Oppenheimer Dividend Opportunity Portfolio	_____ %
Oppenheimer Value Portfolio	_____ %
Oppenheimer Main Street Portfolio	_____ %
Oppenheimer Main Street Mid Cap Portfolio	_____ %
Oppenheimer Main Street Small Cap Portfolio	_____ %
<b><u>Global and International Equity Portfolios</u></b>	
Oppenheimer International Small-Mid Company Portfolio	_____ %
Oppenheimer Global Opportunities Portfolio	_____ %
Oppenheimer International Diversified Portfolio	_____ %
Oppenheimer International Growth Portfolio	_____ %
Oppenheimer Developing Markets Portfolio	_____ %
Oppenheimer Global Portfolio	_____ %
Oppenheimer Global Value Portfolio	_____ %
<b><u>Domestic Fixed Income Portfolios</u></b>	
Oppenheimer Limited Term Government Portfolio	_____ %
Oppenheimer Senior Floating Rate Portfolio	_____ %
American Century Diversified Bond Portfolio	_____ %
MainStay High Yield Corporate Bond Portfolio	_____ %
Oppenheimer Limited Term Bond Portfolio	_____ %



**Global Fixed Income Portfolios**

Oppenheimer Global Strategic Income Portfolio	_____	%
Oppenheimer International Bond Portfolio	_____	%

**Alternative Portfolios**

Oppenheimer Gold and Special Minerals Portfolio	_____	%
Oppenheimer Real Estate Portfolio	_____	%

**Multi Asset Portfolios**

Oppenheimer Capital Income Portfolio	_____	%
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**Money Market Portfolio**

Oppenheimer Institutional Government Money Market Portfolio	_____	%
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<b>Total</b>	<b>100</b>	<b>%</b>
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**IV. Portfolio Allocator**

By choosing Portfolio Allocator, your account may be rebalanced quarterly back to the allocation selected below. Please read the Plan Description and Participation Agreement for further information on the Portfolio Allocator features.

Only the Portfolios below are eligible for rebalancing.

Please select a minimum of two Portfolios. The required minimum initial Contribution to a Portfolio Allocator Account is \$1,000.

If you select Portfolio Allocator Portfolios in addition to any combination of Portfolios in the sections above you will be assigned a separate account number.

**Selecting any combination of the Individual Fund Portfolios allows you and your financial advisor to craft your own asset allocation to suit your investment preferences. As with any customized investment program, it is important that your financial advisor understands your long-term objectives and risk tolerance before constructing an asset allocation.**

**Individual Fund Portfolios**

**Initial Allocation**

**Domestic Equity Portfolios**

Monetta Young Investor Portfolio	_____	%
Dreyfus Research Growth Portfolio	_____	%
Oppenheimer Discovery Portfolio	_____	%
Oppenheimer Dividend Opportunity Portfolio	_____	%
Oppenheimer Value Portfolio	_____	%
Oppenheimer Main Street Portfolio	_____	%
Oppenheimer Main Street Mid Cap Portfolio	_____	%
Oppenheimer Main Street Small Cap Portfolio	_____	%

**Global and International Equity Portfolios**

Oppenheimer International Small-Mid Company Portfolio	_____	%
Oppenheimer Global Opportunities Portfolio	_____	%
Oppenheimer International Diversified Portfolio	_____	%
Oppenheimer International Growth Portfolio	_____	%
Oppenheimer Developing Markets Portfolio	_____	%
Oppenheimer Global Portfolio	_____	%
Oppenheimer Global Value Portfolio	_____	%

**Domestic Fixed Income Portfolios**

Oppenheimer Limited Term Government Portfolio	_____	%
Oppenheimer Senior Floating Rate Portfolio	_____	%
American Century Diversified Bond Portfolio	_____	%
MainStay High Yield Corporate Bond Portfolio	_____	%
Oppenheimer Limited Term Bond Portfolio	_____	%



**Global Fixed Income Portfolios**

Oppenheimer Global Strategic Income Portfolio \_\_\_\_\_ %  
 Oppenheimer International Bond Portfolio \_\_\_\_\_ %

**Alternative Portfolios**

Oppenheimer Gold and Special Minerals Portfolio \_\_\_\_\_ %  
 Oppenheimer Real Estate Portfolio \_\_\_\_\_ %

**Multi Asset Portfolios**

Oppenheimer Capital Income Portfolio \_\_\_\_\_ %

**Money Market Portfolio**

Oppenheimer Institutional Government Money Market Portfolio \_\_\_\_\_ %

**Total** \_\_\_\_\_ **100** %

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 [scholarsedge529.com](http://scholarsedge529.com) or call a Customer Service Representative at **1.866.529.SAVE (7283)**.

7 | Initial Purchase (More than one option may be selected)

The required minimum initial Contribution to an Age Based, Custom Choice or Individual Fund Portfolio Account is \$250.

The required minimum initial Contribution to a Portfolio Allocator Account is \$1,000.

If you choose to open both an Age Based, Custom Choice or Individual Fund Portfolio account *and* a Portfolio Allocator account, both minimum requirements must be met.

The minimum initial Contribution is waived for Accounts to which Contributions are made through an Automatic Investment Plan (AIP) or payroll deductions provided that the \$25 monthly minimum Contribution per Portfolio is met. This waiver does not apply to a Portfolio Allocator Account.

- Check:** \$ \_\_\_\_\_  
 Checks should be made payable to "Scholar's Edge 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 8.  
 Amount: \$ \_\_\_\_\_
- Automatic Investment Plan (AIP)**—Scheduled, recurring purchases from your bank account. Complete banking instructions in Section 8. (A minimum of \$25 per Portfolio is required.)  
 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 **1.866.529.SAVE (7283)** or by downloading the form at [scholarsedge529.com](http://scholarsedge529.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 [scholarsedge529.com](http://scholarsedge529.com)
- Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account/Qualified U.S. Savings Bond**—Enclose Scholar's Edge Change of Trustee/Rollover Form. You can obtain this form by calling **1.866.529.SAVE (7283)** or by downloading the form at [scholarsedge529.com](http://scholarsedge529.com)



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 (no starter checks) or a preprinted savings slip for a savings account. (Please do not tape or staple it to this application.)**

**If your 529 account and bank account differ in owners, please fill out the Signature Guarantee in section 13.**

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 Participation Agreement, which I acknowledge I have received and read.

**Please print and sign exactly as your name 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





**Letter of Intent**

A Letter of Intent is an investor's statement in writing to the Program Distributor of his or her intention to purchase a specified value of Class A and Class C Units in all of his or her Accounts in the Plan during a 13-month period. The Letter permits certain Account Owners to reduce the sales charge rate that applies to their purchases of Class A Units if they purchase Class A or Class C units of the Plan or shares of other Oppenheimer funds.

Account Owners may also count the value of assets in other advisor-sold Section 529 Plans (within or outside of New Mexico) that are managed by OFI Private Investments Inc. or its affiliates and purchases of Class A, B and C shares of mutual funds advised by OppenheimerFunds, Inc. (except for Class A shares of Oppenheimer Government Money Market Fund, Inc. and Oppenheimer Government Cash Reserves for which no initial sales charge is paid).

Please check the Letter of Intent dollar amount:

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

**Rights of Accumulation**

Rights of Accumulation permit certain Account Owners to combine the value of assets in their Accounts within the Plan (regardless of the Unit Class selected) to reduce the initial sales charge applicable to the purchase of Class A Units.

Account Owners may also count the value of assets in other advisor-sold Section 529 Plans (within or outside of New Mexico) that are managed by OFI Private Investments Inc. or its affiliates and purchases of Class A, B and C shares of mutual funds advised by OppenheimerFunds, Inc. (except for Class A shares of Oppenheimer Government Money Market Fund, Inc. and Oppenheimer Government Cash Reserves for which no initial sales charge is paid).

Provide the account numbers eligible for reduced sales charges in the space provided below.

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Account Numbers



Please grant \_\_\_\_\_ (name of party to whom you are granting account access) permission to request information regarding my 529 college savings plan account. I understand the party named above will not be able to transact on the account in any way and that the permission I grant will remain in effect until such time that I revoke the permission.

## 11 | Account Profile Information

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 **1.866.529.SAVE (7283)** or visit our website at **scholarsedge529.com**.

**1. How did you hear about Scholar's Edge®?** (You may select more than one.)

- |  |   |
|--|---|
| <input type="radio"/> News story                   | <input type="radio"/> Friend, family or colleague |
| <input type="radio"/> Internet search              | <input type="radio"/> Financial advisor           |
| <input type="radio"/> Program representative/event | <input type="radio"/> Employer                    |
| <input type="radio"/> Other _____                  |   |

**2. What aspect(s) of Scholar's Edge® are most appealing to you?**

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Tax advantages  | <input type="radio"/> Affordability                 |
| <input type="radio"/> Flexibility     | <input type="radio"/> Professional money management |
| <input type="radio"/> Estate planning |   |

**3. Indicate your education level** (Select highest level completed.)

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> High school        | <input type="radio"/> Master's degree |
| <input type="radio"/> Some college       | <input type="radio"/> Doctorate       |
| <input type="radio"/> Associate's degree | <input type="radio"/> Professional    |
| <input type="radio"/> Bachelor's degree  |                                       |

**4. Annual household income**

- |   |   |
|---|---|
| <input type="radio"/> \$0–\$24,999      | <input type="radio"/> \$75,000–\$99,999   |
| <input type="radio"/> \$25,000–\$39,999 | <input type="radio"/> \$100,000–\$249,999 |
| <input type="radio"/> \$40,000–\$74,999 | <input type="radio"/> Over \$250,000      |

**5. Indicate the owner's ethnicity**

- |  |                                       |
|--|---------------------------------------|
| <input type="radio"/> White            | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> Asian American   | <input type="radio"/> Native American |
| <input type="radio"/> African American |                                       |
| <input type="radio"/> Other _____      |                                       |



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 Participation 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 contributions to:

**Scholar's Edge  
P.O. Box 173691  
Denver, CO 80217**

Your signature(s) must correspond in every particular instance, without alteration, with your name(s) as printed on the current account registration.

**Acknowledgment of signature by a notary public is NOT acceptable. Please affix signature stamp with appropriate signature, title of officer and date.**

A signature guarantee is a warranty by a participant in a Securities Transfer Association Signature Guarantee Program that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks or trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies or savings associations participate in such programs.

**A signature guarantee is required if you are adding third party bank account information.**

**Affix Stamp Here**

Signature of Guarantor	Title	Date
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**OppenheimerFunds®**  
Distributor, Inc.

**Scholar's Edge® is operated as a qualified tuition program offered by The Education Trust Board of New Mexico and is available to all U.S. residents. OFI Private Investments Inc., a subsidiary of OppenheimerFunds, Inc., is the program manager for Scholar's Edge® and OppenheimerFunds Distributor, Inc. is the distributor of Scholar's Edge®.**

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