

# Account Maintenance Form








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.



The following changes may be made on this form. Selective changes may be made via our website or by telephone, as indicated.

- Address Change  
- Change Account Owner
- Change Designated Beneficiary
- Successor Account Owner Information 
- Bank Account Information 
- Reduced Sales Charge 

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 with any required documents to the following address (cannot fax if you filled in Section 9):

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

-  Indicates change can be made at [scholarsedge529.com](http://scholarsedge529.com)
-  Indicates change can also be made by calling **1.866.529.SAVE (7283)**

## 1 | Current Account Information

All information in this section is REQUIRED.

Account number		Social Security or Taxpayer ID number	
Account Owner's first name	Middle initial	Last name	
( )	Account Owner's email address		
Account Owner's phone number	Account Owner's email address		
Designated Beneficiary's first name	Middle initial	Last name	
Beneficiary's Social Security or Taxpayer ID number			



## 2 | Address Change(s)

### Account Owner

Account Owner's first name Middle initial Last name

New street address (no P.O. Boxes)

City State Zip

Account Owner's email address

Daytime phone number Evening phone number

New mailing address (if different from above)

City State Zip

### Designated Beneficiary

Check here if the Beneficiary's address is the same as the Account Owner's.

First name Middle initial Last name

New street address (no P.O. Boxes)

City State Zip

Daytime phone number Evening phone number

## 3 | Change Account Owner

Please choose one of the following options:

- Change the Account Owner name due to change of status (*attach a copy of the documentation for the qualifying event*).
- Transfer account to new Account Owner. Please note that a request for this type of change must be accompanied by a Signature Guarantee from the resigning Account Owner on this form (*see Section 9*). A completed Account Application signed by the new Account Owner or a previously established account number must be submitted for the change to be complete.

Existing account number

Please enter the **new** Account Owner information below.

Account Owner's first name Middle initial Last name

Social Security or Taxpayer ID number

## 4 | Change Designated Beneficiary

Any new Designated Beneficiary must be a "member of the family" of your current Designated Beneficiary, as defined in the Plan Description and Participation Agreement. If the new Designated Beneficiary is NOT a "member of the family," you must instead complete a Scholar's Edge® Withdrawal Request Form, as the transaction will be considered a nonqualified withdrawal that is subject to income tax and a 10% federal tax penalty on earnings.

The assets will be invested per the allocation on file. When completing a partial transfer, if you have more than one portfolio in your current account and no instruction is given, it will transfer to the new beneficiary per the Elected Investment Allocation of your current account.

**Transfer all or a portion of the assets to an existing Scholar's Edge® Account.**

Please provide account # \_\_\_\_\_

Transfer dollar amount OR percentage listed below

\$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Dollars Percentage

**Transfer all or a portion of the assets to new Beneficiary.**

Transfer dollar amount or percentage listed below.

\$ \_\_\_\_\_ OR \_\_\_\_\_ %  
Dollars Percentage

Beneficiary name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Street address (no P.O. Boxes) \_\_\_\_\_ Social Security or Taxpayer ID number \_\_\_\_\_

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

Relationship to Account Owner \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_ Expected Enrollment Year \_\_\_\_\_

Male  Female

U.S. citizen/resident alien (*Nonresident aliens are not eligible to participate in the Plan.*)

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).

## 5 | Successor Account Owner Information

Please fill in all the information in this section.

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 you have selected. 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. Check with your estate planning attorney for more information.

Designate a new Successor Account Owner using the information provided below. This designation overrides any previous designation(s). I certify that the Successor Account Owner is a U.S. citizen/resident alien. (*Nonresident aliens are not eligible to participate in the program.*)

Change information on a current Successor Account Owner using the information provided below.

Revoke the current Successor Account Owner without designating a new Successor Account Owner.

Successor Account Owner/Entity name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_



**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



7 | Signature

I certify that the information I have provided, and all future information I will provide with respect to my Scholar's Edge® account, is true, complete, and correct. I have received, read, and agree to the terms set forth in the Plan Description and Participation Agreement.

I understand that if I am changing the Successor Account Owner in Section 5, I certify that it is my intent to revoke the Successor Account Owner and name a new Successor Account Owner. I have read the Plan Description and Participation Agreement and understand that instructions provided on this form override any Successor Account Owner instructions included in a will or codicil. I agree to notify my Successor Account Owner of his/her status, and I will indicate the Successor Account Owner will be required to provide the Program Manager with a copy of a death certificate in the case of the death of the Account Owner or an acceptable medical authorization or court order in the case of the incapacity of the Account Owner and such other information as the Program Manager requires prior to taking any action regarding the account.

Signature is REQUIRED

X \_\_\_\_\_  
Signature of Account Owner Date

8 | Signature Guarantee

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.

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

**A signature guarantee is required if:**

- You are transferring account to new Account Owner
- You are adding third party bank information

**A medallion stamp is required if:**

- Your account is over \$100,000

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

Affix stamp here.

X \_\_\_\_\_  
Signature of guarantor Title Date

**Before you mail, have you:**

- Entered all required information in Section 1?
- Signed this form in Section 6 if establishing or updating your bank account information?
- Included a voided, preprinted check or savings account deposit slip as directed in Section 6, if applicable?
- Signed this form in Section 8?
- Signature Guarantee is completed if required?





**OppenheimerFunds®**  
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