

# **Entity Enrollment Form**

### Important information about opening a new account:

- Carefully read the **Plan Disclosure Booklet** before completing this form.
- Use this form to open an entity-owned Oregon College Savings Plan account.
- There's a \$25 minimum contribution to open an account and a \$400,000 maximum account balance.
- If you connect a bank account, the Entity Account Owner, Trust or Beneficiary (if applicable) must own the banking account.
- You can add a Beneficiary later by using the Change Beneficiary Form, as long as they qualify as an eligible "Member of the Family."
- Make sure you use black ink to type or print clearly in capital letters and do not staple the pages together.

### Need help?

Give us a call Monday – Friday from 6am – 5pm PT at 1-866-772-8464 or 1-844-888-2253 (TTY)

### Mail the form to:

Oregon College Savings Plan P.O. Box 9651 Providence, RI 02940-9651

### **Overnight Mail:**

Oregon College Savings Plan 4400 Computer Drive Westborough, MA 01581

Want to enroll faster?

Go to OregonCollegeSavings.com

1	Are	you funding the new account with a rollover?
		Yes (Please fill out and include the applicable <b>Rollover Form</b> . You can find forms at <a href="www.OregonCollegeSavings.com">www.OregonCollegeSavings.com</a> )
		No





. ) [0 (	e of entity (Select one)	
	Trust or Estate (Foreign Trusts are not eligible)	
	Business entity (Corporation, Partnership, Company or Association)	
	Internal Revenue Code (IRC) Section 501(c) (3) Organization	
	State or Local Government, or Agency or Instrumentality thereof	
Туре	e of account (Select one)	
	Entity account for named Beneficiary	
	Qualified scholarship account for named Beneficiary	
Qualified scholarship account for unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c) (3) Organization)		
Enti	ty name	
	eral Tax Identification Number/TIN/EIN (Provide one)	
— Fed		
— Fed	· — — <sup>–</sup> — — <sup>–</sup> — — —	
Fed Date		
—— Fed —— Date —— Enti	eral Tax Identification Number/TIN/EIN (Provide one)  / / e of Certification/Incorporation/Trust (mm/dd/yyyy)	



City

ZIP Code

State



3

## **Authorized Representative information**

Social Security Number or Taxpayer Identification Number. Name (First and last) Title, Role or Position Social Security or Taxpayer Identification Number Date of birth (mm/dd/yyyy) How do you identify? As she As he Choose not to identify Telephone number **Residential address** No P.O. boxes are accepted for a residential address. Street address 1 Street address 2 City State **ZIP Code** 

An Entity Account Owner must designate an Authorized Representative to act on its behalf and must provide their









## **Beneficiary information**

The Beneficiary is the individual who will receive the proceeds for this account. The Beneficiary must be a U.S. citizen or resident alien. They must have a Social Security Number or Taxpayer Identification Number and a residential address.

Note: A Beneficiary must be named for all types of accounts, except for Qualified Scholarship accounts opened

by an IRC Section 501(c)(3) that will name a Beneficiary in the future.

Name (First and last)		
/ /		
Social Security or Taxpayer Identification Number		
How do they identify?	As he (	Choose not to identify
Residential address		
No P.O. boxes are accepted for a residential address.		
Street address 1	Street add	dress 2
	_	
City	State	ZIP Code





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V		

# **Beneficial Owner(s) information**

We are required to verify the identity of Beneficial Owners that own at least 25% of the Entity for any legal Entity registering for an Oregon College Savings Plan account.

The Authorized Representative listed in <b>Step 3</b> is als than 25% of the Entity	so a Beneficial	l Owner who owns more
Percentage of ownership (optional): 9	<b>%</b>	
Beneficial Owner 1		
Name (First and last)		
Title, Role or Position		
/ /		
How do you identify? As she As he	e (	Choose not to identify
Percentage of ownership: %		
Residential address  No P.O. boxes are accepted for a residential address.		
Street address 1	Street addre	ess 2
City	State	





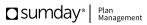
Beneficial Owner 2		
Name (First and last)		
Title, Role or Position		
/ /		
How do you identify? As she As	he Choose not to identify	
Percentage of ownership: %		
Residential address  No P.O. boxes are accepted for a residential address.		
Street address 1	Street address 2	
City	State ZIP Code	







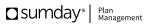
Beneficial Owner 3				
Name (First and last)				
Title, Role or Position				
Social Security or Taxpayer Identification Number				
/				
Date of birth (mm/dd/yyyy)				
How do you identify? As she As	s he Choose not to identify			
Percentage of ownership: %				
Residential address				
No P.O. boxes are accepted for a residential address.				
Street address 1	Street address 2			
City				







Beneficial Owner 4		
Name (First and last)		
Title, Role or Position		
/ /		
How do you identify? As she As	s he Choose not to identify	
Percentage of ownership: %		
Residential address  No P.O. boxes are accepted for a residential address.		
Street address 1	Street address 2	
City		





	Communication preferences		
	ling address		
P.O.	boxes are accepted for mailing address.		
Stre	eet address 1	Street ad	dress 2
City	,	State	ZIP Code
Cho	oose how you want to receive statements an Send digital tax forms, account information (Please answer <b>Step 6A</b> below)		
	Send digital quarterly statements and according (Please answer <b>Step 6A</b> below)	unt information by $\epsilon$	email, but send tax forms by U.S. mail*
	Send quarterly statements, account information (The account will be charged \$10 per account)		by U.S. mail*
<b>-</b>	What email address should we use?		

Email

<sup>\*</sup> All documents sent by U.S. mail will be mailed to the account's mailing address.







## **Contribution information**

There's a \$25 minimum contribution to open an account and a minimum contribution of \$5 for each separate portfolio you select. You can connect a bank account (Step 9) or include a check made out to Oregon College Savings Plan.

For a full list of all the portfolio options, please go online to www.OregonCollegeSavings.com or see the Plan Disclosure Booklet for important information about the investment options before making a decision.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the Portfolio **Options Appendix** at the end of this form for a list of all portfolio names and codes.

		\$ ,	
Code	Portfolio name	Amount	
		\$	
Code	Portfolio name	Amount	
	Portfolio name	\$ , Amount	
Code	Portiolio name	Amount	
		\$ ,	
Code	Portfolio name	Amount	
		\$	
Code	Portfolio name	Amount	
How are you m	aking this contribution?	\$	
Check (Please include a check made out to Oregon College Savings Plan with a paper clip, do not staple)		Total contribution amount	
ACH deposit (Please fill out Step 9)			





### **Monthly contributions (Optional)**

There's a \$5 minimum to each portfolio you wish to contribute to. This will authorize us to initiate recurring ACH debits (direct withdrawals) from the Entity's bank account (from Step 8) each month on the day you indicate for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by using a Manage Monthly Contributions Form; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Yes (Pleas continue t	se complete this step and to <b>Step 9</b> )	No (Leave the information below blank and continue to <b>Step 10</b> )
		online to <a href="https://www.OregonCollegeSavings.com">www.OregonCollegeSavings.com</a> or see the <b>Plan</b> out the investment options before making a decision.
	orint the portfolio name, code and a ndix at the end of this form for a lis	amount you'd like to contribute below. Reference the <b>Portfolio</b> at of all portfolio names and codes.
	 Portfolio name	\$ , , Amount
 Code	 Portfolio name	\$ , Amount
	Portfolio name	\$\$ Amount
	 Portfolio name	\$ \
	Portfolio name	\$\$ Amount
-	<b>nth</b> (1 – 28) If you don't pick a date,	we'll <b>Sample 1 Sample 2 <b>Sample 2 Sample 2 Sample 2 Sample 2 Sample 2 Sample 2 <b>Sample 2 Sample 2 Sample 2 Sample 2 Sample 2 Sample</b></b></b>

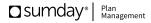




# **Bank account information (Optional)**

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement showing the name, address, last 4 digits of the bank account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

what type of documentation are you including to	/erify this bank account?		
Voided check			
Bank statement			
Name on bank account  If you decide to connect a bank, the full name on the bank account needs to be the same as either the Trust or Entity.	Signature of individual authorized to act on behalf of the bank account		
Bank account type Checking S	avings		
Bank name	Need help?		
	You can find your bank information on the bottom of one of your checks here:		
Bank routing number			
	1 0000000000		
Bank account number	Number Number		
Sank account named			
Verification documentation checklist			
To help the government fight the funding of terrorism must be provided along with this form:	m and money laundering activities, the following evidence		
<ul> <li>Documentation verifying the existence of the Entity or Trust listed in Step 2</li> <li>(See List of Acceptable Documentation for Entities and Trusts)</li> </ul>			
	Documentation verifying the identity of the Authorized Representative listed in <b>Step 3</b> and each Beneficial Owner listed in <b>Step 5</b> (See List of Acceptable Documentation for Verifying Individuals)		
Documentation that proves each Beneficial Owner listed in Step 5 is a Beneficial Owner of the Entity or Trus (See List of Approved Documents for Substantiation by Entity Account Owners)			







## Sign the form

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 Authorized Representative of the above named Entity, an account representing an interest in the Oregon College Savings Plan ("The Network") for the Beneficiary to be named on this application, and enter into this Participant Agreement (this "agreement") relating to the account with the Network. The Oregon College Savings Plan Board (the "Board") is the Trustee of the Trust (the "Trustee"). I understand that the Trustee has retained Sumday Administration, LLC as the plan manager (the "Plan Manager") for the Oregon College Savings Plan (the "Plan") and that this agreement is subject to and incorporates by reference the information concerning the Trust, the Plan, and the terms applicable to my account, contained in the Plan Disclosure Booklet and its Appendix (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 Plan Disclosure Booklet.

- I 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 and I authorize the Plan to open this account based on this information.
- I understand that the initial and monthly contributions for this account will be invested using the instructions I provided in Step 7 and 8.
- If I am opening a Trust account, I certify that the Trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- 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**.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another 529 College Savings account, Coverdell Education Savings account (CESA), or qualified U.S. Savings Bond within the last 60 days and that I have not previously made a rollover for the same Beneficiary from one qualified tuition program to another within the last 12 months.
- If I have provided banking information in **Step 9**, I authorize the Oregon College Savings Plan to debit the Entity's bank account and to deposit such funds into the Entity's 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.
- I will retain a copy of this form, the Plan Disclosure Booklet and the Participation Agreement with my records.

Signature of Authorized Representative of Entity

Date (mm/dd/yyyy)

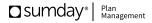


## **List of Acceptable Documentation for Entities and Trusts**

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this Entity Enrollment Form. These documents are required to open an account and to establish the identity of the Entity Account Owner.

Type of Entity	Documentary Evidence	
Corporation	Certified Articles of Incorporation or a government-issued business license	
Trust	Copy of the first and last pages of the Trust Instrument	
Partnership	Copy of the Partnership Agreement	
Limited Liability Corporation (LLC)	Copy of the LLC Agreement	
Estate	Certified copy of the court order establishing the estate	
Non-Profit Organization under IRC Section 501 (c) (3)	Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3)	
State or Local Government, or Agency or Instrumentality thereof	Copy of your organization's official charter, creation, incorporation, or nonprofit status as defined by your State's laws	

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the Plan Disclosure Booklet.





## List of Acceptable Documentation for Verifying Individuals

### **Acceptable ID Documentation**

Option B Option A

Include a copy of a Department of Motor Vehicles State ID

Include a copy of both your Social Security card and your

birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information, including your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify the identity of an individual, we may have to close your account or take other steps we think are necessary.

### List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an Entity Account Owner when opening an account or when conducting a transaction for that account. Such documentation must include the following:

- the legal status of the entity;
- authorization by the entity to open the account or conduct the transaction; and
- authorization by the entity for the signer of the form to open the account or conduct the transaction.

The same document may provide substantiation of all three required elements.

### Approved documents:

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);





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- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency.

If the Entity Account Owner is unable to provide substantiation in any of the foregoing forms: The Entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.

- If judged authentic and complete, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
- If judged inauthentic or incomplete, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.





College Enrollment Year

# **Appendix - Oregon College Savings Plan Portfolio Options**

For descriptions and details about all of these portfolio options, please go online to www.OregonCollegeSavings.com or see the Plan Disclosure Booklet for important information including descriptions, details, and risks about the investment options before making a decision.

**Static Portfolios** 

College Lillollinent Teal		Static Fortionos		
Code	Portfolio Name	Code	Portfolio Name	
ORC37	Enrollment Year 2037	ORCCO	Target Risk - Conservative	
ORC36	Enrollment Year 2036	ORCMO	Target Risk - Moderate	
ORC35	Enrollment Year 2035	ORCAG	Target Risk – Aggressive	
ORC34	Enrollment Year 2034	ORCDU	Diversified U.S. Equity	
ORC33	Enrollment Year 2033	ORCDI	Diversified International Equity	
ORC32	Enrollment Year 2032	ORCDF	Diversified Fixed Income	
ORC31	Enrollment Year 2031	ORCIN	Diversified Inflation Protection	
ORC30	Enrollment Year 2030	ORCBI	Balanced Index	
ORC29	Enrollment Year 2029	ORCSC	Social Choice Balanced	
ORC28	Enrollment Year 2028	ORCSF	Short-Term Fixed Income Index	
ORC27	Enrollment Year 2027	ORCUE	U.S. Equity Index	
ORC26	Enrollment Year 2026	ORCIE	International Equity Index	
ORC25	Enrollment Year 2025	ORCFI	Fixed Income Index	
ORC24	Enrollment Year 2024	ORCXX	FDIC-Insured Option	
ORC23	Enrollment Year 2023			
ORC22	Enrollment Year 2022			
ORC21	Enrollment Year 2021			
ORC20	Enrollment Year 2020			
ORC19	Enrollment Year 2019			
ORC18	Enrollment Year 2018			
ORC17	Enrollment Year 2017			
ORC16	Enrollment Year 2016			
ORC15	Enrollment Year 2015	The investment information on this page has been provided by Sellwood Consulting, the investment advisor for the Oregon College Savings Plan. Before you make a decision, review the Plan Disclosure Booklet to learn about the important details and risks of each investment option.		
ORC14	Enrollment Year 2014			
ORC13	Enrollment Year 2013			