



Instructions

- Before completing this form, carefully read the *Plan Disclosure Booklet* and *Participation Agreement* (contained in the *Disclosure Booklet*).
- You can select as many Investment Portfolios as you desire and you can invest future contributions into any Investment Portfolio offered by the Plan, even if you have not opened the Investment Portfolio through this form.
- 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, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the required information, we may not be able to open an Account or effect any transactions for you.

1 Custodian Information *The person who opens and is the custodian of an Account in the Plan*

The Custodian must be a U.S. citizen or resident alien, and must have a Social Security Number or Taxpayer Identification Number. The Custodian cannot be a minor. 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 under the U.S. Patriot Act.)

Residential Address City, State, Zip

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number or Taxpayer Identification Number

--	--

Gender (M/F)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm-dd-yyyy)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Day Telephone Number

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Evening Telephone Number

Relationship to Beneficiary (optional)

E-mail Address (Provide this information to receive periodic eNewsletters and updates from the Plan.)

2 Minor (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, and must have a Social Security Number or Taxpayer Identification Number. You must provide a residential address or this Account cannot be opened.

Name (First, MI, Last, Suffix)

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security Number or 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 Address (This must be a street address - a P.O. Box is not acceptable under the U.S. Patriot Act.)

City, State, Zip, Country (if foreign address)

3 Select Investment Portfolios

Complete this section to allocate your initial and future contributions, excluding any payroll deduction contributions, to your selected Investment Portfolio(s).

- Indicate an allocation percentage next to your selected Investment Portfolio(s) below.
- Use a whole percentage next to each Investment Portfolio below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Portfolios 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 Portfolios	Whole Percentage (per Investment Portfolio)
Age-Based Portfolio	%
Aggressive Portfolio (2806)	%
Moderate Portfolio (2807)	%
Conservative Portfolio (2808)	%
Diversified US Equity Portfolio (2811)	%
Diversified International Equity Portfolio (2816)	%
Diversified Fixed Income Portfolio (2818)	%
Balanced Index Portfolio (2813)	%
US Equity Index Portfolio (2812)	%
International Equity Index Portfolio (2815)	%
Social Choice Portfolio (2819)	%
Diversified Inflation Protection Portfolio (2817)	%
Fixed Income Index Portfolio (2814)	%
Money Market Portfolio (2810)	%
Principal Plus Interest Portfolio (2809)	%
TOTAL	100%

Note: If you allocate your initial contribution to the Principal Plus Interest Portfolio, transfers made at a later date from the Principal Plus Interest Portfolio to the Money Market Portfolio will not be permitted.

4 Contribution Methods *(Please check all that apply.)*

Indicate your method of contribution in this section.

- Check - Make check payable to the Oregon 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 \$.00

- One Time Electronic Funds Transfer (EFT)**

Please provide bank information in **Section 5**.

Amount \$.00

- 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 a 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 you received the redemption proceeds from the other 529 plan account. Please provide the breakdown of contribution and earnings below AND submit a statement from the other 529 plan with this application.

Amount \$.00

- 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 Electronic Purchase Option. Separate withdrawals from your bank account will be made for each Investment Portfolio 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:
Name(s) on Account: <i>The Custodian and/or Beneficiary name must appear on the bank account.</i>		
Bank Name:		Bank Telephone Number:

Electronic Purchase Option

Check the box below if you **do not** want the ability to make subsequent contributions by telephone or through the Plan website from the bank account listed above.

- I do NOT elect the Electronic Purchase Option.*

6 Automatic Contribution Plan

Contribution Amount

\$.00

Investment Dates

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

<input type="checkbox"/> Bi-weekly	<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"/> Mar.	<input type="checkbox"/> Apr.
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> Jul.	<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

8 Signature and Certification *(The Custodian 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 incorporated herein by reference.

I hereby establish, as the Custodian, an Account representing an interest in The Oregon 529 College Savings Network ("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 529 College Savings Board (the "Board") is the Trustee of the Trust (the "Trustee"). I understand that the Trustee has retained TIAA-CREF Tuition Financing, Inc. as the plan manager (the "Plan Manager") for the Oregon 529 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 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 on this information.
- I also certify that this Account is authorized under, is established and will be maintained by me pursuant to the Uniform Gifts to Minors Act (UGMA) or the Uniform Transfers to Minors Act (UTMA).
- 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 initial and future contributions for this account will be invested using the Allocation Instructions I provided in Section 3. I further understand that I can change my Allocation Instructions at any time.
- I have received, read and understand the *Plan Disclosure Booklet*, including the *Participation Agreement*. 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.
- 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.
- If I have provided banking information in Section 5, I authorize the *Oregon 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 this form to:
Oregon College Savings Plan
P.O. Box 55914
Boston, MA 02205-5914

A12138:09/15