



Oklahoma College Savings Plan Account Application for a Custodial Account

Use this form to open a new Plan Account under UGMA/UTMA * Questions? Call toll-free 1-877-654-7284 P.O. Box 8193, Boston, MA 02266-8193 Visit www.ok4saving.org

Instructions

- Read the Disclosure Booklet and Participation Agreement for an UGMA/UTMA Account... You can select as many Investment Options as desired... 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.

1 Custodian Information (You must provide all requested information.)

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.

J O H N A S A M P L E

Name (First, MI, Last, Suffix)

1 2 5 M A I N S T R E E T

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

A N Y T O W N O K 1 2 3 4 5

Residential Address City, State, Zip

Mailing Address, complete only if different from above

Mailing Address City, State, Zip

0 1 2 - 4 5 - 6 7 8 9 M 0 1 - 1 6 - 1 9 6 5

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (Mm-dd-yyyy)

4 0 5 - 5 5 5 - 1 2 3 4 4 0 5 - 5 5 5 - 5 6 7 8

Day Telephone Number

Evening Telephone Number

F A T H E R

Relationship to Beneficiary (optional)

J S A M P L E @ C A B L E . N E T

E-mail Address (Provide this information to receive electronic newsletters and other information.)

2 Minor (Beneficiary) Information (You must provide all requested information.)

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.

A N N E M S A M P L E

Name (First, MI, Last, Suffix)

7 8 9 - 1 2 - 3 4 5 6 F 0 6 - 3 0 - 2 0 0 1

Social Security Number or Taxpayer Identification Number

Gender (M/F)

Date of Birth (mm-dd-yyyy)

* Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA) Read the Important Information about UGMA/UTMA Accounts before completing this form.

4 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 Option you have selected. It may take up to ten days to initiate these options.

| | | |
|---|--|--|
| Type of Account (check one): | | <input checked="" type="checkbox"/> Checking |
| | | <input type="checkbox"/> Savings |
| Account Number: 012-987654 | Routing Number: 0123456789 | |
| Name(s) on Account (The Custodian or Beneficiary name must appear on the bank account.) John A Sample and Mary J Sample | | |
| Bank Name: Citizens Savings | Telephone Number: 405-555-3952 | |

Electronic Purchase Option

You can make subsequent contributions by telephone from the bank account listed above if you check this box.

Yes, I elect the Electronic Purchase Option.

Automatic Contribution Plan (ACP)

You can make pre-scheduled, recurring contributions directly from your bank account through the Automatic Contribution Plan (ACP) if you provide the required information here.

✓ **Select the amount of your contributions.**

This amount will automatically be withdrawn from your bank account on the frequency you indicate below.

| Deposit my ACP contribution(s) in: | Contribution Amounts | | | | | | | | |
|------------------------------------|----------------------|--|---|---|---|---|---|---|---|
| | (Minimum \$25 each) | | | | | | | | |
| Managed Allocation Option | \$ | | , | | | | . | 0 | 0 |
| Diversified Equity Option (2241) | \$ | | , | 1 | 0 | 0 | . | 0 | 0 |
| 100% Equity Option (1953) | \$ | | , | | | | . | 0 | 0 |
| Balanced Option (2240) | \$ | | , | 1 | 0 | 0 | . | 0 | 0 |
| Fixed Income Option (2242) | \$ | | , | | | | . | 0 | 0 |
| Guaranteed Option (1954) | \$ | | , | 1 | 0 | 0 | . | 0 | 0 |
| Total Contribution Amount | \$ | | , | 3 | 0 | 0 | . | 0 | 0 |

✓ **Select the frequency of your contributions.**

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

| | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Bi-weekly | <input checked="" type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
|------------------------------------|---|------------------------------------|

✓ **Select the month(s) of your contributions.**

If none selected and your frequency is quarterly, then your bank withdrawals will occur every calendar quarter.

| | | | |
|---|-------------------------------|-------------------------------|-------------------------------|
| <input checked="" 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"/> Jun. |
| | <input type="checkbox"/> Jul. | <input type="checkbox"/> Aug. | <input type="checkbox"/> Sep. |
| | <input type="checkbox"/> Oct. | <input type="checkbox"/> Nov. | <input type="checkbox"/> Dec. |

✓ **Select the date(s) of your contributions.**

If none selected, then your bank withdrawals will occur on the fifth of each month or quarter selected above.

| | | |
|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> 5th | <input checked="" type="checkbox"/> 20th | <input type="checkbox"/> Other _____ |
|------------------------------|--|--------------------------------------|

**Attach your pre-printed voided bank check, or
pre-printed deposit slip here, to help the Plan obtain your
proper bank account information.**

5 Optional Information

This information will not be disclosed in a way that personally identifies you and you are not required to complete this Section to open an Account in the *Oklahoma College Savings Plan*. See *Notice of TIAA-CREF Privacy Policy* in the *Disclosure Booklet*.

How did you hear about the Plan? (Check one or more.)

- | | | | | | |
|---|---------------------------------|-----------------------------------|--|---|--|
| <input checked="" type="checkbox"/> Direct Mail | <input type="checkbox"/> E-mail | <input type="checkbox"/> Employer | <input type="checkbox"/> TIAA-CREF | <input type="checkbox"/> Colleague | <input type="checkbox"/> Other |
| <input type="checkbox"/> Television Commercial | <input type="checkbox"/> Radio | <input type="checkbox"/> Print Ad | <input type="checkbox"/> Financial Advisor | <input checked="" type="checkbox"/> Family/Friend | <input type="checkbox"/> Plan Representative |

What is your total family income?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,001 - \$50,000 | <input checked="" type="checkbox"/> \$50,001 - \$75,000 | <input type="checkbox"/> \$75,001 - \$100,000 |
| <input type="checkbox"/> \$100,001 - \$150,000 | <input type="checkbox"/> \$150,001 - \$200,000 | <input type="checkbox"/> Over \$200,000 | |

What aspect of the Plan? (Check one or more.)

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

Would you like to receive TIAA-CREF materials unrelated to the Plan?

- By checking this box, I am opting to receive TIAA-CREF materials unrelated to the Plan.

6 Signature and Certification (The Custodian must sign this section or this Account will not be opened.)

By signing below, I am agreeing to terms and conditions set forth below and in the *Participation Agreement for an UGMA/UTMA Account* contained in the *Disclosure Booklet*. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

- 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 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 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 Plan may from time to time amend the *Participation Agreement* and the *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 *Disclosure Booklet*, including the *Participation Agreement*.
- 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 4, I authorize the *Oklahoma 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 *Oklahoma College Savings 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.

John A Sample

September 1, 2007

Signature of Custodian

Date

I will retain a copy of this *Account Application*, the *Disclosure Booklet* and the *Participation Agreement* (contained in the *Disclosure Booklet*) with my records.

Overnight Mail

Oklahoma College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Mail this form to:

Oklahoma College Savings Plan
P.O. Box 8193
Boston, MA 02266-8193



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Important Information about UGMA/UTMA Accounts

Laws governing custodial Accounts for minors prohibit or restrict certain transactions that are available to individual and entity Accounts in the Oklahoma College Savings Plan. Please read the following information about opening a custodial Account.

Who can open an UGMA/UTMA Account?

Any custodian of an irrevocable gift to a minor Beneficiary under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) can open a custodial Plan Account.

Who owns the funds in the Account?

The minor Beneficiary legally owns funds in the Account. However, the custodian is the "Account Owner" for purposes of controlling the Account until the minor reaches the age of majority. The custodian can only withdraw funds for the benefit of the Beneficiary. Using the funds to pay for qualified higher educational expenses of the Beneficiary is appropriate. Once the Beneficiary reaches the age of majority, and upon notification to the Plan Manager and execution of an *Account Application for an Individual Account*, the Beneficiary will become the Account Owner and have full control of the Account.

Can I rollover funds from an existing UGMA/UTMA investment not within the Plan?

There is no mechanism to "rollover" UGMA/UTMA funds in non-529 plan accounts into the Plan. You must first take a withdrawal from your existing investment and invest the proceeds as a contribution into a Plan Account. Please consult with your tax and financial advisors regarding any tax, penalty or other adverse consequences of withdrawing the UGMA/UTMA funds from its existing investment. Once withdrawn, the funds are deposited into an UGMA/UTMA Plan Account as a contribution. See the *Disclosure Booklet* for further information.

What rules and restrictions are placed on a UGMA/UTMA Account invested in the Plan?

- The Account Owner (Custodian) cannot be changed to anyone other than a successor custodian or the Beneficiary without providing the Plan Manager with a court order directing the change.
- A Contingent Account Owner cannot be designated for the Account in the event of the death of the Account Owner.
- The Beneficiary cannot be changed nor can funds be transferred or rolled over to another Account Owner or to an Account for another Beneficiary.
- Upon the death of the Beneficiary, the assets belong to the Beneficiary's estate.
- Non-qualified withdrawals and any withdrawals due to the disability, scholarship award, or Military Academy attendance of the Beneficiary should follow custodial rules under applicable state law that generally provide that the funds withdrawn are to be used for the benefit of the Beneficiary and are necessary for the Beneficiary's welfare.
- While he or she is the registered Account Owner, the Custodian is required to sign all forms and requests in his/her representative capacity.
- The Custodian will be required to notify the Plan when the Beneficiary is legally entitled to take control of the Account and become the registered Account Owner.

You may wish to consult with a tax advisor before opening an UGMA/UTMA Account.