





**4. Investment Option selection** *(Check only one.)*

- Before choosing your Investment Options, see the Scholar’s Edge Plan Description and Participation Agreement *(available at [scholaredge529.com](http://scholaredge529.com))* for complete information about the Investment Options offered. You must allocate at least **1%** of your contributions to each Investment Option you choose. Use whole percentages only.

- A.  I want to **keep the same investment allocation** for my new Beneficiary.
- B.  I want to **establish a new investment allocation** as listed below. Current Unit Class will be maintained upon transfer. If you would like to invest in a different Unit Class or Portfolio for future purchases, please notify us.

**Please select only one Unit Class (Required).**

**Class A**       **Class C**       **Class R**

**Year of Enrollment Portfolios:** The asset allocation of money invested in the Year of Enrollment Options is automatically adjusted over time to become more conservative as the beneficiary approaches the enrollment year.

Scholar’s Edge 2040-2041 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2038-2039 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2036-2037 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2034-2035 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2032-2033 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2030-2031 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2028-2029 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2026-2027 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2024-2025 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge 2022-2023 Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge Today Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

**Individual Portfolios:** The assets will remain in your selected option(s) until you update your Investment Option.

iShares S&P 500 Stock Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Blue Chip Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Equity Income Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Vanguard Mid Cap Index Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
SPDR Small Cap ETF Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Diversified International Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
DFA Emerging Markets Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Vanguard Total World Stock Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Real Estate Securities Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Core Fixed Income Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
iShares Core U.S. Aggregate Bond Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Principal Short-Term Income Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Vanguard Total International Bond Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
NYLI MacKay High Yield Corp Bond Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge Capital Preservation Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

**Target Risk Portfolios:** The assets will remain in your selected option(s) until you update your Investment Option.

Scholar’s Edge Aggressive Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge Moderate Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge Conservative Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %
Scholar’s Edge Fixed Income Portfolio	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %

Total **1****0****0** %

**5. Successor Account Owner information** *(Optional)*

- The Successor Account Owner will take over control of the Account in the event of your death.
- The person you designate as a Successor Account Owner **must be 18 years old.**
- You may revoke or change the Successor Account Owner at anytime. See the Scholar’s Edge Plan Description and Participation Agreement for more information.

Legal Name *(First name)*/or Trust name *(m.i.)*

Legal Name *(Last name)*/or remaining Trust name

—  —

Birth Date or Trust Date *(mm/dd/yyyy)*

**6. Recurring Contributions** *(Optional)*

Through Recurring Contributions you can have funds transferred electronically — on a regular basis — from your bank, savings and loan, or credit union account to your Scholar’s Edge Account. Your contribution will be credited to your Scholar’s Edge Account on the business day before it is debited from your bank account. You may add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **scholarsedge529.com**.

I would like to continue my existing Recurring Contributions for the new Beneficiary.

## 7. SIGNATURE— YOU MUST SIGN BELOW

By signing below, I hereby acknowledge that:

- I have received and read this form and agree to the terms and conditions of the Scholar's Edge Plan Description and Participation Agreement, which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy of each for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights and responsibilities stated in the Scholar's Edge Description and Participation Agreement and by any and all statutory, administrative and operating procedures that govern Scholar's Edge. Except as set forth below, I understand that the Scholar's Edge Plan Description and Participation Agreement, and Enrollment Form constitute the entire agreement between me and The Education Trust Board of New Mexico (the "Board") and the Education Plan Trust of New Mexico for which the Board acts as trustee. No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC or any other governmental agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by Scholar's Edge, or the Plan Officials (as defined in the Scholar's Edge Plan Description and Participation Agreement) and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in Scholar's Edge does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution or a private or religious elementary or secondary school.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- I understand that by signing this Beneficiary Change form, I am authorizing Scholar's Edge and its service providers, including the Program Manager, to provide my Financial Professional with access to my Account and perform transactions on my behalf. I agree to hold harmless Scholar's Edge Associated Persons from any claims I make and/or losses I incur as a result of the acts or omissions of my Financial Professional.
- If I have chosen the recurring contributions or EFT option, I authorize the Program Manager and its designees, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my Account at the bank named in **Section 10** of my original **Enrollment Form**. I authorize the bank to accept any such credits or debits to my Account without responsibility as to their correctness. I further agree that Program Administrators will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying Scholar's Edge and the bank by telephone or in writing, and that the termination request will be effective as soon as Scholar's Edge and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 10** of my original **Enrollment Form**.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other Accounts established for the same Beneficiary in 529 plans issued by the State of New Mexico will not cause the aggregate balances in such Accounts to exceed the Maximum Account Balance then in effect or the cost in current dollars of qualified education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the Parent/Guardian/Custodian of the Account, and that I am authorized to open the Account.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 2**. I agree to promptly inform Scholar's Edge in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that Scholar's Edge has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.
- I certify that the Receiving Beneficiary is a "Member of the Family" of the current Beneficiary listed in Section 1. I understand that transfers not meeting this condition may result in the earnings portion of the transfer being considered a Non-Qualified Distribution subject to both state and federal income tax as well as an additional 10% federal penalty tax.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

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