



# Scholar's Edge®

## Individual Enrollment Form

We are required by federal law to obtain certain personal information from each person who opens a Scholar's Edge account ("Account")—including name, permanent U.S. street address, and date of birth, among other information—that will be used to verify their identity. If we do not receive all the required information, there could be a delay in opening your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- You must provide all information except where indicated as optional.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program.

Forms can be downloaded from our website at **[scholarsedge529.com](https://scholarsedge529.com)**, or you can call us to order any form—or request assistance in completing this form—at **1.866.529.SAVE (1.866.529.7283)**, Monday through Friday 8:00 a.m. to 7:00 p.m. MT.

 **1.866.529.SAVE (1.866.529.7283)**  
Monday through Friday  
8:00 a.m. to 7:00 p.m. MT



**FAX 617-559-8951**

Regular mailing address:  
**Scholar's Edge**  
**PO Box 219798**  
**Kansas City, MO 64121-9798**

Overnight mailing address:  
**Scholar's Edge**  
**1001 E 101st Terrace, Suite 200**  
**Kansas City, MO 64131**

## 1. Account Type

- ☐ **Individual Account.** I am opening a new Scholar's Edge account.
- ☐ **UGMA/UTMA Account.** I am opening an UGMA/UTMA Account with assets liquidated from an UGMA/UTMA custodial Account from the state of   (please abbreviate) in which the UGMA/UTMA custodial Account was opened.

## 2. Account Owner Information *(The Account Owner is the person who owns the account. This person must be at least 18 years old.)*

Legal Name (First name) (Required) (m.i.)

Legal Name (Last name) **(Required)**

—   —      
 Social Security or Taxpayer Identification Number (**Required**)

—   —

Birth Date (mm/dd/yyyy) **(Required)**

Primary Telephone Number

-    -      
 Secondary Telephone Number

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

Email Address



U.S. Permanent Street Address (P.O. boxes are **not** acceptable.) (Required)

CityStateZip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all account mailings.)*

CityStateZip Code

### 3.

Legal Name (First name) (Required)

(m.i.)

Legal Name (Last name) **(Required)**

Social Security or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy) **(Required)**

Citizenship (If other than U.S. citizen, please indicate country of citizenship.)

9

Mailing AddressCityState

Zip Code

### Relationship of Account Owner to Beneficiary

Parent

Guardian

Grandparent

Friend

Self

☐ Other

4.

- As the Account Owner, you may designate a Successor Account Owner to take control of the Account in the event of your passing.
- The person you designate as a Successor Account Owner **must be at least 18 years old**.
- You may revoke or change your designation later by completing the appropriate form.
- 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) **(Required)**

Market Value

Legal Name (first, middle initial, last)

Qualifying Employer's Name

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Child
<input type="checkbox"/> Officer, Director, or Trustee	<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Dependent of the Person	<input type="checkbox"/> Sibling	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Father- or Mother-in-law

☐ Employer Sponsored Plan (*Payroll Direct Deposit*) **Employer Code: (Required)**

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize Scholar's Edge and its present and future direct and indirect subsidiaries, affiliates, successors and assigns Scholar's Edge to contact your Trusted Contact Person and disclose information about your Plan account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan by phone, online or by completing a **Profile Change Form**. A Trusted Contact Person must be at least eighteen (18) years of age.

[illegible]

-    -

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

—

☐ Financial Professional    ☐ Attorney    ☐ Spouse    ☐ Family Member    ☐ Friend    ☐ Other

## 8. Investment Option Selection *(Required)*

- Before choosing your Investment Option(s), please read the Scholar's Edge Plan Description and Participation Agreement available at **[scholaredge529.com](http://scholaredge529.com)** for complete information about the Investment Options.
- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to that option. If you choose more than one Investment Option, please indicate the percentage amount of the contribution you would like invested into each of the selected Investment Options.
- Use whole percentages only. Your total Investment Option percentages must equal **100%**.
- Class R Units are available for investment only if you invest in Scholar's Edge through a fee-based account with a Financial Professional who is a registered investment advisor.
- **If the Financial Professional on your accounts is associated with a Dealer who has opted to have the sales charge waived on purchases of Class A Units with assets rolled over to Scholar's Edge from another Section 529 plan, your rollover will be placed in Class A Units at NAV regardless of the selections below.**
- **If the Financial Professional on your accounts is associated with a Dealer who has opted to have the sales charge waived on purchases of Class A Units purchased at NAV through an employer sponsored plan, your investment will be placed in Class A Units at NAV regardless of the selected Unit Class below.**

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 2042-2043 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2040-2041 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2038-2039 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2036-2037 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2034-2035 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2032-2033 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2030-2031 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2028-2029 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2026-2027 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge 2024-2025 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge Today Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

**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="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge Moderate Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge Conservative Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Scholar's Edge Fixed Income Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

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

Total  %

## 8. Investment Option Selection (Continued)

### Systematic Rebalance:

Systematic Rebalance offers you the ability to design a customized portfolio that will remain consistent with your predetermined investment objectives over time.

Selecting this option will automatically rebalance your portfolio on a quarterly basis in accordance with the target allocations on file.

Adding, stopping, or restarting the Systematic Rebalance at any time after enrollment, will count as one of your allowable investment exchanges per calendar year, as outlined in the Scholar's Edge Plan Description and Participation Agreement.

Changes to the selected investment options within your Systematic Rebalance will also count as one of your allowable investment exchanges per calendar year. These changes would include adjusting the percentage assigned to each investment option.

When electing the Systematic Rebalance option you may select only one unit class.

This option requires you to select at least **two** investment options from above equaling 100%.

☐ I wish to select the Systematic Rebalance Option. *(The investment allocations that make up your customized portfolio must be selected on the previous page.)*

## 9. Contribution Method

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 5 Business Days.

**Source of funds** (Check all that apply.)

A. ☐ **Personal check.**

**Important:** All checks must be payable to **Scholar's Edge**.

\$    ,    .

Amount

B. ☐ **Rollover from another 529 plan or Coverdell Education Savings Account to a Scholar's Edge account.** Complete and include an **Incoming Rollover Form**, available online at **[scholarsedge529.com](https://scholarsedge529.com)** or by calling **1.866.529.SAVE (1.866.529.7283)**. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months. Please see the Scholar's Edge Plan Description and Participation Agreement for more information.

C. ☐ **Transfer from an existing Scholar's Edge account.** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form**.

Account Number

D. ☐ **Indirect Rollover.** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings. By law, rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months.

\$    ,    .

Amount of Rollover

\$.  
Principal (*Basis*)

\$,.

Earnings

- Amount of Payroll Direct Deposit each pay period: \$,.

- Important:** To set up this option, you must provide bank information in **Section 10**.

**Amount of Debit:**    ☐ \$25    ☐ \$50    ☐ \$100    ☐ \$150    ☐ \$250    ☐ Other    \$.

**Frequency** (Select one.): ☐ **Monthly** ☐ **Quarterly** (Every three months.)

**Start Date:\***   —   —      
Date (mm/dd/yyyy)

\*Scholar's Edge must receive instructions at least 5 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

- ☐ **Annual Increase.** You may increase your Recurring Contributions automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

**Amount of increase:** \$  ,   .  0  0

**Month\*\*:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June  
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

\*\* The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

- G. ☐ **Electronic Fund Transfer (EFT).** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 10**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$    ,    .

Amount

**10. Bank Information** *(Required to establish the Recurring Contributions or EFT service.)*

**Important:** I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

**Note:** The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Bank Name

Bank Routing Number

Bank Account Number

 Account Type  
*(Check One.)*
☐

Checking

☐

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

**Important:** If the Account Owner designated in Section 2 of this Enrollment application is not one of the owners of this bank account, please include an [Account Features](#) form with the Bank Information section completed. Signature authorization of third party bank account owners must be included in order to add this bank to your Account.

Bank Account Owner's Name *(first, middle initial, last)*

Joint Bank Account Owner's Name *(first, middle initial, last)***11. Dollar-Cost Averaging** *(Optional)*

- The minimum contribution to Dollar-Cost Averaging is **\$1,000**. By selecting this feature, you authorize Scholar's Edge to exchange money automatically from one Portfolio to another on a recurring basis. The minimum exchange amount is \$25.00 per Portfolio.

**Note:** If Dollar-Cost Averaging is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will not count as an Investment Exchange. However, if you make any changes to your Dollar-Cost Averaging selections, that will count as an Investment Exchange. The allocations will be made on the day of the month you specify below, or if no day is specified, on the 15th of the month. If such day is not a business day, the allocation will occur on the next succeeding business day and will continue until the Dollar-Cost Averaging has completed per the instructions below. Stopping or changing the automatic allocation instructions with respect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for purposes of Investment Exchange limitations. See the Scholar's Edge Plan Description and Participation Agreement.

**Start Date\*:**

Date *(mm/dd/yyyy)***Frequency** *(Check one.):*
☐

Monthly

☐
Quarterly *(Every three months)*
☐

Semi-Annually

☐

Annually

**Day of Allocation Exchange:**

*(dd)***Stop Type:***(Check one)*
☐

Complete Portfolio Balance

☐

Specify Total Exchange Amount

*(If less than complete Portfolio balance)*
 \$ 
*(\$1,000.00 minimum)*
☐

Stop Date

Date *(mm/dd/yyyy)*



\_\_\_\_\_

\$

Amount\* (\$25.00 minimum per month)

\_\_\_\_\_

\$    .    .

Amount\* (\$25.00 minimum per Portfolio)

\_\_\_\_\_

\$    .    .

Amount\* (\$25.00 minimum per Portfolio)

### To Investment Option

\$    .    .

Amount\* (\$25.00 minimum per Portfolio)

## 12. Signature and Certification—YOU MUST SIGN BELOW

- 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. Capitalized terms used in this **Enrollment Form** and not defined have the meanings provided in the Scholar's Edge Plan Description and Participation Agreement.
- I hereby represent that all of the information I have provided on this **Enrollment Form** is accurate and complete, and I understand and acknowledge that I am bound by the terms, rights and responsibilities stated in the Scholar's Edge Plan Description and Participation Agreement, this **Enrollment Form**, and by any and all statutory, administrative and operating procedures that govern the Scholar's Edge Plan. Except as set forth below, I understand that the Scholar's Edge Plan Description and Participation Agreement, and **Enrollment Form** and any subsequent forms signed by me constitute the entire agreement between me and the Scholar's Edge Plan. No person is authorized to make an oral modification to this agreement.
- I understand that my investments are not insured or guaranteed by the Scholar's Edge Plan, the Program Administrators, my investments are not deposits or obligations of, nor guaranteed by, any Financial Institution, and my investments are subject to investment risks, including possible loss of the principal amount invested.
- I understand that participation in the Scholar's Edge Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other Qualified Expenses or that a Beneficiary will be admitted to or permitted to continue to attend a private or religious elementary or secondary school or an Eligible Educational Institution.
- I intend to use my Account to pay the Qualified Expenses of the Beneficiary.
- If this new Account is being opened because a former Account Owner is deceased or legally incapacitated and I had been designated the Successor Account Owner on that Account, by signing below I certify that I am not aware of any adverse claim of ownership or court order relating to the ownership of this Account and I agree to hold harmless the Program Administrators from any third party claims relating to the transfer of ownership to me.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that is in any 529 Plan issued by New Mexico will count towards my permitted twice per calendar year investment change limit.
- 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**. 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**.
- 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 New Mexico will not cause the aggregate balances in such accounts to exceed the Maximum Account Balance *(as described in the Scholar's Edge Plan Description and Participation Agreement)* then in effect or the cost in current dollars of Qualified Expenses that I reasonably anticipate the Beneficiary will incur.

- I understand that certain withdrawal types, Beneficiary changes and Account types may be subject to taxation, penalties or restrictions. Additionally, Section 529 Plans offered by other states may offer tax or other benefits to taxpayers or residents of those states that are not available with regard to Scholar's Edge. I acknowledge that it is my responsibility to obtain legal, financial or tax advice specific to my situation and circumstances.
- I agree that a photocopy, electronically-scanned image or facsimile of the enrollment application and signatures therein shall be deemed an original.
- I acknowledge that this agreement, the **Enrollment Form**, and the Scholar's Edge Plan Description and Participation Agreement are governed by, and construed in accordance with, the laws of the The Education Trust Board of New Mexico, without giving effect to any choice of law or conflict of law rules. Furthermore, if any part or parts of this agreement shall be held to be void or unenforceable, such parts or parts shall be treated as severable, leaving valid the remainder of this agreement.
- I understand that the Board may make changes to the Program, including the **Enrollment Form** and the Scholar's Edge Plan Description and Participation Agreement, at any time without my consent, and I agree to be subject to such amendments.
- I acknowledge that, under New Mexico law, Scholar's Edge, The Education Trust Board of New Mexico or any of their board members, officers, employees or associated individuals will not indemnify an Account Owner, Beneficiary or contributor against any damages, losses or other claims arising from their official or unofficial acts, whether negligent or otherwise.
- I agree to indemnify and hold harmless the Program Administrators or successors of the foregoing from and against any and all loss, damage, liability or expense, including reasonable attorney's fees, that any of them may incur by reason of, or in connection with, any misstatement or misrepresentation made by me or any of my agents herein or otherwise with respect to this agreement and any breach by me or any of my agents of any of the agreements, representations or warranties contained in the participation agreement. All of my agreements, representations, and warranties made herein shall survive the termination of the Participation Agreement.
- **I agree to the terms of the pre-dispute arbitration clause as described in the Scholar's Edge Plan Description and Participation Agreement.**

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)