

Scholar's Edge®

Entity Enrollment Form




IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.


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, 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

 **scholarsedge529.com**

 **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

- Trust Account.** I am opening this Account as a trust. *(You must enclose supporting documents substantiating the status of the trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*
- Business Entity.** I am opening this Account as a corporation or association. *(You must enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Enrollment Form**. We may also request additional information from you.)*
- Scholarship/Non-Profit/Government Entity.** I am opening this Account on behalf of a scholarship program, non-profit organization or a state or local government *(or agency or instrumentality thereof)* or (ii) an organization described in section 501(c)(3) of the Internal Revenue Code and exempt from taxation under section 501(a) as part of a scholarship program operated by such government or organization. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the entity Account Owner and the authorization of the Account and the authority of the person signing the **Enrollment Form**. We may also request additional information from you.)*



2. A. Trust/Entity Account Owner Information *(The Account Owner is the entity who owns the account.)*

Trust/Entity Name **(Required)**

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

- -
Primary Telephone Number

- -
Secondary Telephone Number

Email Address

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

-
City State Zip Code

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

-
City State Zip Code

B. Authorized Representatives

Name of Trustee 1/Authorized Signer Name *(first, middle initial, last)*

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

- -
Primary Telephone Number

Name of Trustee 2/Authorized Signer Name *(first, middle initial, last)*

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

- -
Primary Telephone Number

3. Beneficiary Information *(The Beneficiary is the person for whom the funds are intended.)*

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.)*

Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

Mailing Address

-
City State Zip Code

5. Sales Charge Waiver *(Optional)*

• To qualify for a sales charge reduction, you must complete the following section. Check one or check all that apply.

A. **Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

\$50,000 \$250,000 \$500,000

B. **Rights of Accumulation ("ROA").** Check this box if a family member owns units in Scholar's Edge or Class A, C, or J Principal mutual fund shares, to be applied for the reduced sales charge. Include the account number(s) and market values(s) below. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Plan Description and Participation Agreement for additional information.

Legal Name of Family Member *(first, middle initial, last)*

-

529 Account Number

OR

Account Number (Where Principal Funds are held)

\$, .

Market Value

Legal Name of Family Member *(first, middle initial, last)*

-

529 Account Number

OR

Account Number (Where Principal Funds are held)

\$, .

Market Value

C. **I am eligible for a sales charge waiver** under the terms of the Plan Description and Participation Agreement. I am eligible because I am related to:

Legal Name *(first, middle initial, last)*

Qualifying Employer's Name

Relationship

- Self Spouse Domestic Partner Child
- Officer, Director, or Trustee Parent Grandparent Grandchild
- Dependent of the Person Sibling Stepchild Father- or Mother-in-law

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

Section 8E must also be completed.

6. Trusted Contact Person Information *(Optional)*

- 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, its service providers, and their present and future direct and indirect subsidiaries, affiliates, successors and assigns to contact your Trusted Contact Person and disclose information about your Scholar’s Edge Account(s):
 - 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.

Name of Trusted Contact Person *(first, middle initial, last)*

 - -

Trusted Contact Person’s Primary Telephone Number

Trusted Contact Person’s Email Address

Trusted Contact Person’s Mailing Address

City

State

Zip Code

Relationship to Account Owner.

 Financial Professional
 Attorney
 Spouse
 Family Member
 Friend
 Other

7. 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** 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"/> %

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"/> %
iShares Small Cap Index Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
Principal Diversified International Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
JPMorgan Emerging Markets Equity 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"/> %
MainStay MacKay High Yield Corporate 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"/> %

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"/> %

Total %

9. 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.

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

Signature of Bank Account Owner

Date (mm/dd/yyyy)

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

Signature of Joint Bank Account Owner

Date (mm/dd/yyyy)

10. 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)

I authorize the Scholar's Edge Plan to exchange from the following Investment Option (Selected in **Section 7**)

From Investment Option (\$1,000.00 minimum initial Portfolio investment)

\$,.

Amount* (\$25.00 minimum per month)

To the following Investment Options

To Investment Option

\$,.

Amount* (\$25.00 minimum per Portfolio)

To Investment Option

\$,.

Amount* (\$25.00 minimum per Portfolio)

To Investment Option

\$,.

Amount* (\$25.00 minimum per Portfolio)

* Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

11. Signature and Certification — YOU MUST SIGN BELOW

By signing below, I apply to open an account in Scholar's Edge and I hereby certify 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. 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 Scholar's Edge. 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 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 that my investments are not insured or guaranteed by the FDIC or any other governmental agency, and are not deposits or other obligations of any depository institution. My investments are not guaranteed or insured by Scholar's Edge or the Plan Officials, and my investments are subject to investment risks, including 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 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 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 Plan Officials 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 the State of 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 9**. I authorize the bank to accept any such credits or debits to my Account without responsibility as to their correctness. I further agree that Plan Officials 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 9**.

- 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 (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.
- 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 3**. 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 Scholar's Edge if it has reasonable grounds to believe that any of the foregoing certifications are untrue.
- I understand that certain withdrawal types, Beneficiary changes and Account types may be subject to taxation, penalties or restrictions. Additionally, 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 State 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 Plan Officials 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)

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