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.

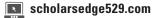
- You must provide all information except where indicated as optional.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the mailing address listed. Do not staple.
- Before you invest, consider whether your or 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



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	Туре
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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 <i>(or agency or instrumentality thereof)</i> 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. <i>(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.)</i>



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Financial Professional (To be completed by the Financial Professional.)	
Check here if you are a Registered Investment Advisor	
Firm Name	
Financial Professional Name (first, middle initial, last)	
Branch Number (if applicable) Financial Professional ID Number	BIN Number (if applicable) Matrix Level
Street Address	
City	ite Zip Code
Telephone Number	
Email Address	
SIGNATURE Financial Professional Signature	

5.	Sales	Charge	Waiver	(Optional)
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,	ng section. Check one or check all that apply.
	nd that I can reduce my sales charges through accumulated added of this application an aggregate amount of at least:
\$500,000	
for the reduced sales charge. Incomediate family members with co	mber owns units in Scholar's Edge or Class A, C, or J Principal clude the account number(s) and market values(s) below. ROA ombined holdings that reach a breakpoint discount level in Class ent for additional information.
dle initial, last)	
OR	Account Number (Where Principal Funds are held)
dle initial, last)	
OR	Account Number (Where Principal Funds are held)
e waiver under the terms of th	e Plan Description and Participation Agreement. I am eligible
Spouse Don	nestic Partner Child
Parent Gra	ndparent Grandchild
	ochild Father- or Mother-in-law
	more Class A Units and understa a 13-month period following the \$500,000 A"). Check this box if a family mer for the reduced sales charge. Incomediate family members with corription and Participation Agreem Grain Grain Grain

Other

Friend

6. Trusted Contact Person Information (Optional)

DO NOT STAPLE

- 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;

Financial Professional

- 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.

Attorney

• 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

Family Member

Spouse

5

7. Investment Option Selection (Required)

- Before choosing your Investment Option(s), please read the Scholar's Edge Plan Description and Participation Agreement available at scholarsedge529.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	Individual Portfolios: The assets will remain option(s) until you update your Investment Opti	
adjusted over time to become more conservative as the beneficiary approaches the enrollment year.	iShares S&P 500 Stock Index Portfolio	%
Scholar's Edge 2042-2043 Portfolio	Principal Blue Chip Portfolio	%
Scholar's Edge 2040-2041 Portfolio %	Principal Equity Income Portfolio	<u> </u>
Scholar's Edge 2038-2039 Portfolio %	Vanguard Mid Cap Index Portfolio	<u> </u>
Scholar's Edge 2036-2037 Portfolio %	iShares Small Cap Index Portfolio	<u></u> %
Scholar's Edge 2034-2035 Portfolio	Principal Diversified International Portfolio	 %
Scholar's Edge 2032-2033 Portfolio %	JPMorgan Emerging Markets Equity Portfolio	<u></u> %
Scholar's Edge 2030-2031 Portfolio %	Vanguard Total World Stock Portfolio	%
Scholar's Edge 2028-2029 Portfolio %	Principal Real Estate Securities Portfolio	%
Scholar's Edge 2026-2027 Portfolio %	Principal Core Fixed Income Portfolio	<u> </u>
Scholar's Edge 2024-2025 Portfolio %	iShares Core U.S. Aggregate Bond Portfolio	
Scholar's Edge Today Portfolio	Principal Short-Term Income Portfolio	<u></u> %
	Vanguard Total International Bond Portfolio	 %
Target Risk Portfolios: The assets will remain in your selected option(s) until you update your Investment Option.	MainStay MacKay High Yield Corporate Bond Portfolio	<u></u> %
Scholar's Edge Aggressive Portfolio	Scholar's Edge Capital Preservation Portfolio	%
Scholar's Edge Moderate Portfolio	-	
Scholar's Edge Conservative Portfolio %	Total	1 0 0%
Scholar's Edge Fixed Income Portfolio %		

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.)

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.

• Con	tributions by any source will not be available for withdrawal for 5 Business Days.
Sourc	e of funds (Check all that apply.)
A	Personal check. Important: All checks must be payable to Scholar's Edge.
	\$,
В.	Rollover from another 529 plan or Coverdell Education Savings Account to Scholar's Edge. Complete and include an Incoming Rollover Form, available online at 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 Sprincipal (Basis) Searnings

E.	Payroll Direct Deposit. If you want to make contributions to your Scholar's Edge account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Scholar's Edge account until you have received a Payroll Direct Deposit Confirmation Form from Scholar's Edge, provided your signature and Social Security or taxpayer identification number on the form, and submitted the form to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Scholar's Edge accounts. Section is Required and must be completed for election of Employer Sponsored Plan, in Section 5C.
	Amount of Payroll Direct Deposit each pay period: \$,
F	Recurring Contributions. You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Scholar's Edge account. You may change the investment amount and frequency at any time by logging onto your Account at scholarsedge529.com or by calling 1.866.529.SAVE (1.866.529.7283). To add Recurring Contributions instructions or multiple bank accounts, attach a separate sheet with the information requested in Sections 8F and 9 for each additional Recurring Contributions instruction or bank account.
	Important: To set up this option, you must provide bank information in Section 9 .
	Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$
	Frequency (Select one.): 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: \$,
	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 9. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. (<i>The amount below will be a one-time EFT contribution to open your Account.</i>)
	\$, Amount

Note: The routing number is usual	bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.
Troto: The fouring hamber to deduct	Ty resolved in the Bettern for control of your shooks. For each disc dark your Bunk for the reading hank
Bank Name	
Bank Routing Number	Bank Account Number Account Type (Check One.) Checking
If applicable, authorization from a	a joint bank account owner is required to add bank instructions on the account.
Bank Account Owner's Name (first, middle] [] [] [] [] [] [] [] [] [] [
SIGNATURE	
Signature of Bank Account Owner	Date (mm/dd/yyyy)
Joint Bank Account Owner's Name (first, I	middle initial, last)
SIGNATURE	
Signature of Joint Bank Account Owner	Date (mm/dd/yyyy)
Account, it will not count as an that will count as an Investmen	is established at the time the new Account is opened or instituted for new contributions to an enable in Investment Exchange. However, if you make any changes to your Dollar-Cost Averaging selection text Exchange. The allocations will be made on the day of the month you specify below, or if no do onth. If such day is not a business day, the allocation will occur on the next succeeding business
and will continue until the Dolla allocation instructions with res	
and will continue until the Dolla allocation instructions with res	spect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for
and will continue until the Dolla allocation instructions with res purposes of Investment Exchan	spect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for nge limitations. See the Scholar's Edge Plan Description and Participation Agreement. Date (mm/dd/yyyy)
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and will continue until the Dolla allocation instructions with res purposes of Investment Exchan Start Date*: Frequency (Check one.): Day of Allocation Exchange Stop Type:	spect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for nge limitations. See the Scholar's Edge Plan Description and Participation Agreement.

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)

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**.

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

- 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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