

SSGA Upromise 529 Plan Account Application

SSGA  **promise529**
POWERED BY **SPDR**® ETFs

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to open 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.

- Open an Account at **www.ssga.upromise529.com** or complete this form to establish an Account.
- Your initial investment, whether made by check, transfer, or rollover, must total at least \$15, unless you are establishing Recurring Contributions for a minimum of \$15 per month or \$45 per quarter.
- 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 address below. Do not staple.

Forms can be downloaded from our website at **www.ssga.upromise529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

SSGA Upromise 529
P.O. Box 55578
Boston, MA 02205-5578

For overnight delivery or registered mail, send to:

SSGA Upromise 529
95 Wells Ave., Suite 155
Newton, MA 02459-3204

1 Account Type

- Select one of the Account types below.
- If you do not select an Account type, we will open an Individual Account for you.

☐ **Individual Account.** I am opening a new 529 plan Account.

☐ **UGMA/UTMA Account.** I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

☐ ☐ Indicate the state (please abbreviate) in which the UGMA/UTMA custodial account was opened.

☐ **Business Entity/Trust Account.** I am opening this Account as a corporation, partnership, association, estate, or trust. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*



4 Successor Account Owner Information *(Optional)*

- The Successor Account Owner will take control of the Account in the event of the Account Owner's death or legal incompetence.
- You may revoke or change the Successor Account Owner at any time. See the SSGA Upromise 529 Plan Description and Participation Agreement ("Plan Description and Participation Agreement") for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

First Name of Individual *(m.i.)*

Last Name of Individual

— —
Birth Date *(mm/dd/yyyy)*

5 Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize SSGA Upromise 529 Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns SSGA Upromise 529 Savings Plan 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 form 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 in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

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

— —
Trusted Contact Person's Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

—
Zip Code

Relationship to Account Owner.

☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

6 Investment Option selection

- Before choosing your Investment Option(s), see the Plan Description and Participaion Agreement (*also available at www.ssga.upromise529.com*) or by telephone at 1.800.587.7305 for complete information about the investments offered.
- You must allocate at least **5%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.

College Date Portfolios

College Date portfolios are designed to make investing as easy as selecting the year in which the beneficiary is expected to start college. With a College Date investment option, the portfolio's investment track is automatically adjusted from more aggressive to more conservative as your beneficiary grows older (and closer to the selected college date year).

SSGA College Today Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2021 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2024 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2027 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2030 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2033 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2036 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA College 2039 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Risk-Based Portfolios

If you prefer investing in strategies that are designed specifically to match the level of risk you are comfortable taking on in your account, then Risk-Based Portfolios may be a good fit for you. You can select an aggressive, moderate, or conservative track, depending on your risk tolerance and time horizon.

SSGA Conservative Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA Moderate Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SSGA Aggressive Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Static Portfolios

Choose from fifteen investment options to create your own personalized investment mix. Each Static Portfolio is invested in a single underlying fund giving you options featuring different investment styles or asset classes, from equity to fixed income.

SSPDR S&P 500 ETF Trust Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR S&P MidCap 400 ETF Trust Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR S&P 600 Small Cap ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Portfolio Developed World ex-US ETF portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR S&P International Small Cap ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Portfolio Emerging Markets ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR S&P Emerging Markets Small Cap ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Dow Jones REIT ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Dow Jones International Real Estate ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Portfolio Aggregate Bond ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Bloomberg Barclays TIPS ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Citi International Government Inflation-Protected Bond ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Bloomberg Barclays High Yield Bond ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Portfolio Short Term Corporate Bond ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %
SPDR Bloomberg Barclays 1-3 Month T-Bill ETF Portfolio	<input type="text"/> <input type="text"/> <input type="text"/> %

Savings Portfolio Option

The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

Savings Portfolio %

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

Please remember to:

- Allocate at least 5% of your contributions to each Investment Option you choose
- Use whole numbers

7

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

A. ☐

Important: All checks must be payable to **SSGA Upromise 529.**

\$, .

Amount

B. ☐

\$, .

Amount

C. ☐

Important: To set up this option, you must provide bank information in **Section 7D**.

Amount of Debit: \$, . 0

Amount

Frequency (Check one.): ☐ Monthly (\$15 minimum) ☐ Quarterly (\$45 minimum)

Start Date:* - -

Date (mm/dd/yyyy)

*The Program must receive instructions at least 3 business days prior to the indicated start date; 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. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: \$, . 0 0

Month:**

******The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of the month selected. Annual Recurring Contribution increases are subject to the general contribution limits of SSGA Upromise 529 and will also count toward annual federal gift tax exclusion limits.

D. **Bank information.** Required to establish the EFT or Recurring Contribution service.

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

Bank Name

Bank Routing Number

Bank Account Number

Account Type:
(Check One.)

☐

Checking

☐

Savings

E. ☐ **Rollover from another 529 plan, Education Savings Account, or qualified savings bond to the SSGA Upromise 529.**

By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover Form**, available online at www.ssga.upromise529.com or by calling **1.800.587.7305**.

F. ☐ **Payroll Deduction.** If you want to make contributions to your SSGA Upromise 529 Account directly as a payroll deduction, you must contact your employer's payroll office to verify that you can participate. Payroll deduction contributions will not be made to SSGA Upromise 529 Account until you have received a **Payroll Deduction Confirmation Form** from the SSGA Upromise 529, provided your signature and Social Security number 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 deductions that you may have previously established for other Nevada 529 Accounts.

Amount of payroll deduction each pay period (\$15 minimum): \$, .

8 Additional information

How did you hear about the SSGA Upromise 529?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper/magazine article | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Print ad | <input type="checkbox"/> Advisor | <input type="checkbox"/> Online ad | <input type="checkbox"/> Employer |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Radio | <input type="checkbox"/> Upromise website | <input type="checkbox"/> SSGA website |
| <input type="checkbox"/> Event | <input type="checkbox"/> Treasurer's website | <input type="checkbox"/> State of Nevada | <input type="checkbox"/> Institutional Relationship Manager |
| <input type="checkbox"/> NV College Kick Start | | | |

9 SIGNATURE—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in the SSGA Upromise 529. I certify that:

- I have received, read, and understand the terms and conditions of the Plan Description and Participation Agreement. I understand that by signing this **Account Application**, I am agreeing to be bound by the terms and conditions of the Plan Description and Participation Agreement. I understand that the **Account Application** shall be construed, governed by, and interpreted in accordance with the laws of the State of Nevada.
- Except as set forth below, I understand that the Plan Description and Participation Agreement and **Account Application** constitute the entire agreement between myself and the Trust (*as defined in the Plan Description and Participation Agreement*). No person is authorized to make an oral modification to this agreement.
- I understand that my Account in SSGA Upromise 529 is not insured by the State of Nevada or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Nevada, the Board, the Trust, the Plan, the Program Manager, State Street Global Advisors, Sallie Mae Bank, or any of their affiliates (*each, as defined in the Plan Description and Participation Agreement and collectively, "Plan Officials"*). Notwithstanding the foregoing, the Savings Portfolio is the only investment option in SSGA Upromise 529 that is insured by the Federal Deposit Insurance Corporation ("FDIC"), up to limits set by the FDIC. I understand that there is no assurance that my Account under SSGA Upromise 529 will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (except for the Savings Portfolio as described in the Plan Description and Participation Agreement).
- If I have chosen the Recurring Contributions or EFT option, I authorize the Program Manager and Ascensus Investment Advisors, LLC., 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 7D**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the 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 the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager 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 7D**.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the SSGA Upromise 529 and in any other Qualified Tuition Program offered by the State of Nevada on behalf of the Beneficiary designated in **Section 3** of this **Account Application** to exceed the Maximum Contribution Limit established by the Board are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- **I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in Section 17 of the SSGA Upromise 529 Plan Participation Agreement.**
- I certify that all of the information that I provided on this **Account Application** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the SSGA Upromise 529.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

A valuable opportunity to supplement your college savings!



Upromise® helps families save for college. With access to saving strategies, simple savings tools, and unique savings offers, Upromise can help you accelerate your college savings every day. When you join Upromise, you become a member of a community of like-minded individuals who share a common goal: saving for college.

Here's how it works: Join Upromise for free and then do what you normally do — buy groceries, shop online, book travel, dine at restaurants and more — through participating Upromise partners. A percentage of your eligible spending will be deposited into your Upromise account. Signing up is fast, easy and secure.

You can easily link your Upromise account with your 529 account and have your college savings automatically transferred into your SSGA Upromise 529 Plan account.* Visit **Upromise.com** for more information and to join for free.

Already a Upromise member? *Log in to your account and link it with your new SSGA Upromise 529 Account number.*

*Upromise is an optional program, is separate from the SSGA Upromise 529 Plan, and is not affiliated with the State of Nevada. Transfers from Upromise to a SSGA Upromise 529 Plan Account are subject to a \$25 minimum. Terms and conditions apply to the Upromise program. Participating companies, contribution levels and terms and conditions are subject to change at any time without notice. Upromise and the Upromise logo are registered service marks of Upromise, Inc. Go to **Upromise.com** to learn more.



SSGA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, LLC. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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