

Enrollment Application



INSTRUCTIONS

Print clearly in all
CAPITAL LETTERS using
blue or black ink.

When requested, please
color in circles completely.

For example: ● not ⊗ not ☑

Complete this Form to establish a
LoneStar 529 Plan® account.

- Please read the Plan Description and Savings Trust Agreement prior to investing. You can obtain a copy at www.lonestar529.com.
- Before investing, you should check with your or your Beneficiary's home state to determine if it offers tax or other benefits for investing in any plan.
- If your mail is returned undeliverable and we don't hear from you and are unable to locate you for at least 2 years, your account may be transferred to the appropriate state within the time period specified by law.
- Please note for UGMA/UTMA accounts, you are not allowed to change Account Owner, Successor Account Owner or Beneficiary. Please see the Plan Description and Savings Trust Agreement.

If you have any questions, please call us at
800-445-GRAD (4723), option #4,
Monday through Friday from 8am to 6pm,
Central Time.

Return this form and any other required
documents to:

LoneStar 529 Plan
P.O. Box 405010
Cincinnati, OH 45240

Fax: **402-431-4452**

1 FINANCIAL ADVISOR INFORMATION (You must designate a Financial Advisor to enroll in the LoneStar 529 Plan)

You must designate a financial
advisor on your application
when you enroll in the plan.
A financial advisor is any
individual or entity that is
appropriately licensed and
who has entered into an
agreement with the plan
distributor to distribute
interests in the plan. This
term may include brokers
and financial intermediaries,
such as investment advisors
or banks.

Dealer or Firm Number		Branch Number	Advisor ID Number/CRD Number	
Financial Advisor Name (first, middle initial, last)				
Dealer/Firm Name				
Branch/Office Street Address				
Branch/Office City		Branch/Office State	Branch/Office Zip Code	
Phone Number		Fax Number		
Email address				

Please select only one of the following:

- ☐ I am a Financial Advisor that is compensated through commissions and will select Class A units for my client.
- ☐ I am a Registered Investment Advisor (RIA) or other Investment Advisor Representative (IAR) whose fees are assessed separately and not from the clients' accounts and will utilize Class RIA units for my clients.

X _____
Signature of Financial Advisor Date

Important information about opening a new account

To help the government fight the funding of terrorism and money laundering activities, we are required by federal law to obtain, verify and record certain personal information that identifies each person prior to opening an account. This information includes the applicant's name and date of birth, street address, and Social Security number (SSN) or Tax Identification number (TIN).

If you are establishing an account using a Power of Attorney on behalf of an Account Owner, please call us at **800-445-GRAD (4723), option #4**, for instructions about how to properly establish the account. If you are establishing an UGMA/UTMA account, skip to Section 5 and you must complete the UGMA/UTMA form in addition to the Enrollment Application.

Please fill out Section A if your chosen Account Type is Individual.

If you are establishing an UGMA/UTMA account, you must complete the UGMA/UTMA form in addition to the Enrollment Application.

A. Individual (For an UGMA/UTMA account, do not fill out Section 2A.)

Name (first, middle initial, last) of Account Owner

Social Security number of Account Owner/Custodian (Required)

Date of birth (mm/dd/yyyy)

☐ Male ☐ Female

☐ U.S. Citizen or Permanent Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

Street address (No P.O. Boxes)

City

State

Zip

Daytime phone number

Evening phone number

Email address (See Section 11)

Mailing address (if different from above)

City

State

Zip

Please fill out Section B if your Account Type is a Trust, 501(c)(3), Partnership or Corporation.

B. Trusts, 501(c)(3), Partnerships or Corporations (Check one. For an UGMA/UTMA account, do not fill out Section 2B.)

☐ Trust (Please include copies of the title and signature pages of the Trust Document.)

☐ 501(c)(3) (Please include a copy of the ruling Determination Letter from the IRS.)

☐ Partnership (Please include a copy of the Partnership agreement.)

☐ Corporation (Please include a copy of the Articles of Incorporation, certified by the Secretary of State or other government entity.)

Country of Incorporation/ Organization

Entity must be incorporated/ organized in the United States to be eligible to participate in the Plan.

Name of Trust, 501(c)(3), Partnership or Corporation

Date of Trust (if applicable)

Social Security number/U.S. Taxpayer ID number

Daytime phone number

Email address

Street address (No P.O. Boxes)

City

State

Zip

Mailing address (if different from above)

City

State

Zip

C. Trustee/Partner/Officer Information (For an UGMA/UTMA account, do not fill out Section 2C.)

Federal law requires that we obtain your name, street address, date of birth and Social Security or Taxpayer Identification number prior to opening the account. This Trust, 501(c)(3), Partnership or Corporation entity account may have one or more authorized representatives.

To list additional Trustees/
Partners/Officers, attach a
separate sheet.

Name of Trustee/Partner/Officer (first, middle initial, last)		Social Security number/U.S. Taxpayer ID number (Required)
Street address of Trustee/Partner/Officer (No P.O. Boxes)		Date of birth (mm/dd/yyyy)
City	State	Zip
Mailing address (if different from above)		
City	State	Zip
Name of Trustee/Partner/Officer (first, middle initial, last)		Social Security number/U.S. Taxpayer ID number (Required)
Street address of Trustee/Partner/Officer (No P.O. Boxes)		Date of birth (mm/dd/yyyy)
City	State	Zip
Mailing address (if different from above)		
City	State	Zip

3 | BENEFICIARY INFORMATION

All information in this
section is **REQUIRED** unless
you are opening an UGMA/
UTMA account or you are
enrolling as a Trust, 501(c)(3),
Partnership or Corporation.

The Beneficiary is the individual whose Qualified Education Expenses will be paid from this Account.
(For an UGMA/UTMA account, do not fill out Section 3.)

Beneficiary's name (first, middle initial, last)		
Social Security number	Date of birth (mm/dd/yyyy)	Relationship to Account Owner
<input type="radio"/> Male <input type="radio"/> Female		
<input type="radio"/> U.S. Citizen or Permanent Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)		
<input type="radio"/> Check here if the address is the same as the Account Owner or complete the following:		
Street address (No P.O. Boxes)		
City	State	Zip

4 | SUCCESSOR ACCOUNT OWNER

You cannot designate a Successor Account Owner for an UGMA/UTMA account.

You may name a Successor Account Owner for this Account. In the event of your death, ownership of all assets in the Account will be transferred to the Successor Account Owner. A Successor Account Owner will assume all rights with respect to the Account that the previous Account Owner had. Enforceability of a Successor Account Owner designation may vary by state. A transfer to a Successor Account Owner may have tax consequences. Consult your tax advisor for more information.

Successor Account Owner's name (first, middle initial, last)

Social Security number or Tax ID

Date of birth (mm/dd/yyyy)

Relationship to Account Owner

☐ U.S. Citizen or Permanent Resident Alien (Nonresident aliens are not eligible to participate in the Plan.)

Street address (No P.O. Boxes)

City

State

Zip

5 | 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 the Plan, Orion Advisor Solutions, Inc., including its subsidiaries and affiliates (Orion), to contact your Trusted Contact Person and disclose information about your Plan account:
 - to address possible financial exploitation; or
 - 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 (FINRA) rule 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 in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

Trusted Contact Person (first, middle initial, last)

Trusted Contact Person Mailing Address

City

State

Zip

Telephone number

Email address

Relationship to Account Owner

The initial Contribution can be made through any of the following options. The minimum initial Contribution to an Account is \$25 per Portfolio, except in the case of Contributions by Automatic Investment Plan (AIP) or payroll deductions where the minimum initial Contribution amount is \$15.

☐ **Check –**

Amount: \$ _____

Checks should be made payable to “LoneStar 529 Plan FBO (Name of your Beneficiary).”

Third party checks will only be accepted at the Plan Manager’s discretion. We do not accept money orders.

☐ **One-time Electronic Funds Transfer** via Automated Clearing House (ACH) – One-time electronic transfer from your bank account. (Complete banking instructions in Section 9.)

Amount: \$ _____

☐ **Automatic Investment Plan (AIP)** – Scheduled, recurring purchases from your bank account. A minimum of \$15 per portfolio is required. (Complete banking instructions in Section 9.)

Amount: \$ _____ Frequency: ☐ Monthly ☐ Quarterly

Timing: Purchase on the _____ day of the month. (If not provided, the purchase will occur on the 10th of the month. Normally the debit will occur the same business day as the purchase date.)

The AIP will begin immediately upon receipt of this application in proper form. Unless otherwise specified above, purchases will be made on the 10th day of the month or the 10th day of the first month of the quarter. If the purchase date is a weekend or holiday, the purchase will occur on or after the preceding business day.

☐ **Payroll Deduction** – Enclose an Employee Payroll Deduction Form. You can obtain this form by calling 800-445-GRAD (4723), option #4, or by downloading the form at www.lonestar529.com.

Before electing the Payroll Deduction option, you should verify that your employer is currently processing contributions through payroll direct deposit. If your employer is not currently set up to process contributions through payroll direct deposit, you should confirm your employer offers such a service and is able to meet the Plan Manager’s operational and administrative requirements. If your employer is interested in establishing the payroll deduction option, please have the appropriate personnel fill out the Employer Authorization Form, which can be downloaded at www.lonestar529.com.

☐ **Rollover/Transfer from another Section 529 Account or from a Coverdell Education Savings Account or Qualified U.S. Savings Bond** – Enclose a LoneStar 529 Plan Change of Trustee/Rollover Form. You can obtain this form by calling 800-445-GRAD (4723), option #4, or by downloading the form at www.lonestar529.com.

The LoneStar 529 Plan offers two classes of units.

- Class A is only available for sale by advisors compensated by sales charges and distribution fees.
- Class RIA is only available through qualifying fee-based Registered Investment Advisors (RIAs) or Investment Advisor Representatives (IARs), whose fees are assessed separately and not from the client’s account.

Please select the appropriate Unit Class below.

- ☐ Class A ☐ Class RIA

- Please select one or more Investment Options from the choices below. If you choose one Investment Option, please indicate 100% next to the portfolio that you select. 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 portfolios.
- Use whole percentages only. Your total of all Investment Option percentages **must equal 100%**.

Choose Your Portfolio(s) (Required).

Target Enrollment Year Options: You can select a portfolio that closely approximates the year when you believe funds will start to be withdrawn. Typically, families assume their child will need their college savings beginning at age 18. Once you've estimated when you expect the Beneficiary will need to use their savings, select the Target Enrollment Year portfolio that represents the date closest to your Beneficiary's estimated date of enrollment in college. For example, if your child was born in 2023 and you anticipate they will begin college at 18 years of age, they would need their college savings starting in the year 2041 (2023 plus 18). This means you might choose to select the 2040-2041 Portfolio Target Enrollment Year Option. If there is no corresponding portfolio, select the one closest to the enrollment year of the Beneficiary.

Risk-based Options: The assets will remain in your selected portfolio(s) until you update your investment election.

Individual Asset Class Options: The assets will remain in your selected portfolio(s) until you update your investment election.

All future contributions will be allocated in the same manner as your initial investment allocation as shown on this form. To make any changes, please sign on to **www.lonestar529.com** or call a Customer Service Representative at **800-445-GRAD (4723), option #4.**

Investment Options **Allocation**

I. Target Enrollment Year Options	
2042-2043 Portfolio	%
2040-2041 Portfolio	%
2038-2039 Portfolio	%
2036-2037 Portfolio	%
2034-2035 Portfolio	%
2032-2033 Portfolio	%
2030-2031 Portfolio	%
2028-2029 Portfolio	%
2026-2027 Portfolio	%
Enrolled Years Portfolio	%

II. Risk-based Options	
Aggressive Allocation Portfolio	%
Balanced Allocation Portfolio	%
Conservative Allocation Portfolio	%

III. Individual Asset Class Options	
Diversified Equity Portfolio	%
Diversified Fixed Income Portfolio	%
U.S. Value Portfolio	%
U.S. Growth Portfolio	%
U.S. Total Stock Market Portfolio	%
Small-Cap Portfolio	%
Active International Portfolio	%
Passive International Portfolio	%
Emerging Markets Portfolio	%
Long-Term Fixed Income Portfolio	%
Active Bond Portfolio	%
Passive Bond Portfolio	%
High Yield Fixed Income Portfolio	%
International Fixed Income Portfolio	%
Inflation Protection Portfolio	%
Short-Term Fixed Income Portfolio	%
Socially Responsible Portfolio	%
Commodity Portfolio	%
Real Estate Portfolio	%
Capital Preservation Portfolio	%

Total of all Investment Options must equal 100%	100%
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Bank account information is required to establish an Automatic Investment Plan or an Electronic Funds Transfer from your bank account.

You must include a voided check or a preprinted savings slip for a savings account. (Please do not tape or staple it to this application.)

Please allow sufficient time to process debit(s) from your account. Please choose which type of account you will be debiting.

☐ Checking ☐ Savings

I authorize the Plan, Orion Advisor Solutions, Inc., including its subsidiaries and affiliates (Orion), to debit and/or credit my bank account for purchases and redemptions of units of the portfolio(s) specified. I understand that if I redeem units that have been purchased through a direct link from my bank account to my Plan account within the last 10 days, my redemption proceeds of those units may be delayed up to 10 days to determine that the purchase payment has cleared my bank account. I agree that Orion is purchasing and redeeming such units voluntarily at my request and the LoneStar 529 Plan and Orion shall not be liable for any loss arising from any delay in processing or failure to process such purchases and/or redemptions. I understand that this service does not constitute an offer to sell units of any portfolio.

If I change banks, I agree to notify the Plan promptly in writing. I agree to give adequate notice (normally 15 days) to terminate this service. I understand that if a transaction cannot be made because of insufficient funds or unit balance or because my bank account has been closed, this service will be cancelled and I agree to return promptly any amount overpaid to me from a redemption of units purchased with that payment. I understand that any of the features and privileges described herein may be modified, suspended or cancelled by Orion or the Plan at any time without notice and that all services described herein are subject to the terms of the Plan Description and Savings Trust Agreement, which I acknowledge I have received and read.

Please print and sign exactly as your name(s) appears on your Plan account. If the bank account is a joint account, both individuals on the bank account must sign below.

Name of Bank Account Owner

X

Signature of Bank Account Owner

Name of Joint Bank Account Owner (if applicable)

X

Signature of Joint Bank Account Owner (if applicable)

The following information is being requested for general reporting purposes. Your responses will be kept confidential. If you have any questions regarding our privacy policy, call 800-445-GRAD (4723), option #4, or visit our website at www.lonestar529.com.

1. How did you hear about the LoneStar 529 Plan? (You may select more than one.)

- | | |
|---|---|
| <input type="radio"/> News story | <input type="radio"/> Friend, family or colleague |
| <input type="radio"/> Internet search | <input type="radio"/> Financial advisor |
| <input type="radio"/> Plan representative/event | <input type="radio"/> Employer |
| <input type="radio"/> Other _____ | |

2. What aspect(s) of the LoneStar 529 Plan are most appealing to you?

- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="radio"/> Tax advantages | <input type="radio"/> Estate planning | <input type="radio"/> Advisor money management |
| <input type="radio"/> Flexibility | <input type="radio"/> Affordability | |

3. Indicate your education level (Select highest level completed.)

- | | | |
|--|---|------------------------------------|
| <input type="radio"/> High school | <input type="radio"/> Bachelor's degree | <input type="radio"/> Professional |
| <input type="radio"/> Some college | <input type="radio"/> Master's degree | |
| <input type="radio"/> Associate's degree | <input type="radio"/> Doctorate | |

4. Annual household income

- | | | |
|---|---|---|
| <input type="radio"/> \$0–\$24,999 | <input type="radio"/> \$40,000–\$74,999 | <input type="radio"/> \$100,000–\$249,999 |
| <input type="radio"/> \$25,000–\$39,999 | <input type="radio"/> \$75,000–\$99,999 | <input type="radio"/> Over \$250,000 |

5. Indicate your primary source of funding for this account

- | | | |
|---|--|-----------------------------------|
| <input type="radio"/> Employment earnings | <input type="radio"/> Tax refund or credits | <input type="radio"/> Other _____ |
| <input type="radio"/> Gift or inheritance | <input type="radio"/> Rollover from another plan | _____ |

6. Indicate the Beneficiary's ethnicity

- | | |
|--|---------------------------------------|
| <input type="radio"/> White | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> Asian American | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Other _____ |

I would like to receive the following information via electronic mail:¹

- ☐ Statement, Confirms and Plan Documents
- ☐ Tax Forms
- ☐ Plan News and Updates

I consent to the delivery of the documents that are governed under Orion Advisor Solutions, Inc.'s eDelivery services. I understand that when a new document is available, I will receive an email notification to the email address provided. The email will include a link that will take me to the LoneStar 529 Plan website, where the document can be viewed and downloaded by logging on to my account. This consent will remain effective until revoked by me.

Email Address

1. You may designate or change your delivery options by accessing your account online at www.lonestar529.com once your account has been established.

By signing below, I certify and acknowledge the following:

- The information contained in this form and in any required documentation is true, complete and correct. I have received, read and agree to be bound by the terms set forth in the Plan Description and Savings Trust Agreement, acknowledge that the Plan Description and Savings Trust Agreement may be amended from time to time, and I agree to be bound by the terms of any such amendment. I agree that Orion Advisor Solutions, Inc., including its subsidiaries and affiliates (Orion), may use this information to attempt to verify my identity. If applicable, Orion is requesting a copy of the Articles of Incorporation, Partnership document, Trust agreement or other similar documents solely for the purpose of verifying the identity of the Account Owner as required by federal law. Orion is not assuming any responsibility for monitoring, maintaining, interpreting or enforcing any terms or provisions of those documents.
- By naming a financial advisor on the form, I understand that my financial advisor will receive confirmations and, upon request of my financial advisor, quarterly statements and tax forms.
- I understand the type of financial advisor I have listed on my account and how they are compensated.
- I, the Account Owner, am 18 years of age or older and I am a U.S. citizen or permanent resident alien.

**Account Owner, Trustee,
Partner or Officer
signature REQUIRED.**

X _____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)
X _____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)
X _____ Signature	_____ Date (mm/dd/yyyy)	_____ Title (if the account is held by a trust, corporation, estate or other entity)

Mail initial deposits and future purchases to:

**LoneStar 529 Plan
P.O. Box 405010
Cincinnati, OH 45240**

The LoneStar 529 Plan® (“Plan”) is administered by the Texas Prepaid Higher Education Tuition Board (“Board”). Orion Advisor Solutions, Inc. (“Orion”) is the manager of the Plan, which is distributed by Northern Lights Distributors, LLC and maintained by Ultimus Fund Solutions, LLC, neither of which are affiliated with Orion. The Plan and the Board do not provide legal, financial, or tax advice and you should consult a legal, financial, or tax advisor before participating.

Non-residents of Texas should consider whether their home state, or the beneficiary’s home state, offers its residents any tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for participants in that state’s plan.

Estimated total asset-based fees are available on the Allocation Worksheet at [LoneStar529.com/Allocation-Worksheet](https://lonestar529.com/Allocation-Worksheet) and are published in the Plan Description and Savings Trust Agreement, which is reviewed annually. Fees are subject to change.

An account could lose money including the principal invested. No part of an account is a deposit or obligation of, or is guaranteed or insured by, the Board, the state of Texas, or any agency or agent thereof. Interests in the Plan have not been registered with or approved by the SEC or any state. Investors should carefully consider the investment objectives, risks, fees, charges, and expenses associated with municipal fund securities. The Board may suspend, modify, or terminate the Plan or change investment approaches, offerings, and/or underlying investment funds at any time and without the consent of account owners or beneficiaries. The Plan Description and Savings Trust Agreement contain this and other important information about the Plan and may be obtained by visiting [LoneStar529.com](https://lonestar529.com) or calling 800-445-GRAD (4723), option 4. Investors should read the Plan Description and Savings Trust Agreement, and all other Plan documents carefully before investing.