## LONESTAR 529 PLAN® Third Party Access Form



### INSTRUCTIONS

# Please complete this form to add a Third Party to your LoneStar 529 Plan account(s).

Please print clearly in all CAPITAL LETTERS using black ink. Color in circles completely. For example: ● not ⊗ not Ø If you have any questions, please call us at **800-445-GRAD (4723)**, **option #4,** Monday through Friday from 8am to 6pm, Central Time.

Once completed, please mail or fax this form to LoneStar 529 Plan at the following address:

LoneStar 529 Plan P.O. Box 540010 Omaha, NE 68154

Fax to: 402-431-4452

#### 1 | ACCOUNT INFORMATION

Account number					
Account number					
Account number					
Account Owner's first name Middle initial		Last name			
Account Owner's street address					
City		State	Zip		
Account Owner's email address		Account Owr	Account Owner's phone number		
x					
Account Owner's signature		Date			

#### 2 | THIRD PARTY INFORMATION

•	By completing this form, you designate the person identified below as a Third Party to whom you are
	granting permission to request and/or receive information regarding your LoneStar 529 Plan account(s)
	identified in section 1.
	This does not create or give the Third Party power of atterney. The Third Party will not be able to access

- This does not create or give the Third Party power of attorney. The Third Party will not be able to access
  your Account online, make changes to your account, or transfer assets to or from your Account.
- By checking the boxes below, you are authorizing the Plan to provide the Third Party copies of those forms.
- You may remove the Third Party at any time by notifying the Plan in writing.

Third Party First Name (firs	t, middle initial, last)				
Third Party Mailing Addres	S				
City			State	Zip	
Telephone number					
Email address					
Relationship to Account Ov	vner				
Please select which for	orms if any you are re	equesting to have t	the Third Party rec	eive.	
O Confirmations	O Statements	O Tax Forms			

The LoneStar 529 Plan<sup>®</sup> ("Plan") is administered by the Texas Prepaid Higher Education Tuition Board ("Board"). Orion Advisor Solutions, Inc. ("Orion") is the manager for the Plan, which is distributed by Northern Lights Distributors, LLC and maintained by Gemini Fund Services, 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 <u>Allocation Worksheet</u> 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 <a href="https://www.loneStar529.com">www.loneStar529.com</a> 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.

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