UGMA/UTMA Form



INSTRUCTIONS

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

When requested, please color in circles completely.

For example: ■ not ⊗ not ⊘

- Please use this form to establish Uniform Gifts to Minors Act (UGMA) and Uniform Transfer to Minors Act (UTMA) accounts. Please read the Plan Description and Savings Trust Agreement prior to investing for additional information.
- Complete this form and Enrollment Application to establish a LoneStar 529 Plan® account.

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

Please mail or fax the completed form and Enrollment Application to the following address:

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

Fax to: 402-431-4452

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Name of Custodian (first, middle, last i	ncluding suffix)		
Social Security number	Date of birth (mm/dd/yyyy)	Relationship to Minor	
O Male O Female			
Street address (No P.O. Boxes)			
City		 State	Zip

2 | CUSTODIAN ACKNOWLEDGEMENT

Please review and fill in circles for all items in this section.

As Account Owner of this LoneStar 529 Plan account, I understand and acknowledge that the following will apply:

- O Any and all payments to this LoneStar 529 Plan account will be considered UGMA/UTMA funds (custodial funds) and become an asset of the Beneficiary.
- O If I desire to purchase units that are not UGMA/UTMA purchases for my LoneStar 529 Plan account, a separate LoneStar 529 Plan account must be established for such purchases.
- O I understand that as Custodian of a UGMA/UTMA account:
 - O I am not the owner of the account, rather I hold the account as Custodian for the Beneficiary.
 - O I may not change the Designated Beneficiary.
 - O If I cancel the account, I personally will not receive a refund. Rather, a refund will be issued to the Beneficiary in order to comply with the intent of the UGMA/UTMA's creation and provide for proper taxation of any earnings.
 - O It is my responsibility to refrain from exercising certain rights under the LoneStar 529 Plan account in order to maintain the UGMA/UTMA qualified status.
 - O It is my responsibility to notify the Plan when the custodianship terminates (the minor reaches the age of majority) at which time the Beneficiary becomes the account owner.
 - O At the age of majority, the Beneficiary can notify the program that the custodianship is terminated and become the account owner and will have all of the rights of the account even if I fail to notify the Plan of custodianship termination.
- O Maintaining UGMA/UTMA status of the LoneStar 529 Plan account is my responsibility as the Custodian of the account, and I hereby release the LoneStar 529 Plan from any liability for any loss of UGMA/UTMA qualified status due to the purchase, servicing, cancellation or exercise of the rights under the LoneStar 529 Plan.
- O Every situation is unique and the LoneStar 529 Plan does not give tax advice, nor does the LoneStar 529 Plan endorse the use of UGMA/UTMA assets to fund a LoneStar 529 Plan account.
- O I understand and acknowledge that the LoneStar 529 Plan highly recommends that I speak to a professional tax advisor before liquidating and/or investing in a LoneStar 529 Plan UGMA/UTMA account.

3 | MINOR INFORMATION

The minor is the beneficiary and must be a U.S. citizen or permanent resident alien, and must have a valid						
Social Security	Number or Taxp	ayer Identification Number.				
N /6	to total about					
Name (first, middle	initiai, iast)					
Social Security number		Date of birth (mm/dd/yyyy)				
O Male	O Female					
Street address (No	P.O. Boxes)					
City			State			

4 | ACCOUNT AGREEMENT AND SIGNATURE

I certify that the information I have provided is true, complete, and corr	ect. I have read and understood all
of the above statements and agree to comply with them. I have received	d, read, and agreed to the terms set
forth in the Plan Description and Savings Trust Agreement.	
x	
<u> </u>	Data (mm/dd/sasas)
Signature of Custodian	Date (mm/dd/yyyy)

The LoneStar 529 Plan® ("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 www.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.

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