

SOCIAL SECURITY NUMBER

2016 ENROLLMENT FORM

- 1. Complete all sections of the Enrollment Form after reading the Program Description & Master Agreement. If you need additional information call toll free 1-888-477-2667, Monday through Friday from 8 am to 5 pm, Pacific Time, or visit our website: NVPrepaid.gov.
- 2. A separate enrollment form and one-time **non-refundable \$100.00** enrollment fee must be submitted for each child. Your enrollment form will not be accepted without this fee.
- 3. Send completed forms, enrollment fees, optional down payment (minimum \$1,000 if chosen), and any additional payments to: Nevada Prepaid Tuition Program, Enrollment Processing: 555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101. Payments should be made payable to: Nevada Prepaid Tuition Program. If you choose to pay by credit card or electronic transfer, complete Section VII.
- 4. Enrollment forms must be postmarked by March 31, 2016 to enroll in the 2016 open enrollment period at published 2016 prices.

SECTION I. Purchaser Information
Please complete the following information about yourself, as the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).
PURCHASER NAME □ Mr. □ Mrs. □ Miss □ Ms. □ Dr.
Last First M.I.
If Purchaser is an organization, please indicate type: Corporation Trust Non-profit Foundation Partnership Other
Organization Name HOME ADDRESS
HOME ADDRESS
Number and street, including apartment number
CITY STATE ZIP CODE COUNTY (i.e. Clark, Washoe, etc.)
SOCIAL SECURITY NUMBER OR TAX ID # CELL PHONE HOME PHONE
E-MAIL ADDRESS
You must answer "Yes" to at least one of the questions to be eligible to enroll. Is the Purchaser or Beneficiary a Nevada resident? Yes No If not, does the Purchaser hold a degree or certificate from a Nevada State College, Community College, or University? Yes No
How did you learn about the Nevada Prepaid Tuition Program? (Select One) Friends/Relatives □ KNPR/KUNR □ School Flyer/Banner □ Employer □ Print (Magazine, etc.) □ Community Event □
Prepaid Website TV Radio Radio
IF FRIEND OR RELATIVE, List name: Other \(\text{ (please clarify):}
SECTION II. Purchaser Legal Successor Information
The Purchaser's Legal Successor may receive contract information or make payments, but cannot make any changes to the contract. The Purchaser Legal Successor rights are limited solely to control of the contract upon the death of the Purchaser.
NAME \square Mr. \square Mrs. \square Miss \square Ms. \square Dr.
Last First M.I.
ADDRESS
Number and street, including apartment number

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HOME PHONE

CELL PHONE



SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. <u>You must supply the Beneficiary's Social Security Number or your contract will not be accepted.</u>
NAME
Last First M.I.
ADDRESS Number and street, including apartment number
CITY STATE ZIP CODE COUNTY (i.e. Clark, Washoe, etc.)
SOCIAL SECURITY NUMBER HOME PHONE Sex: Male Female Date of Birth: Month Day Year
Please check the box to indicate Beneficiary's age OR current grade if in school as of September 30, 2015. The year in parenthesis by your child's age is your child's projected college entrance date.
1. Newborn □ (2033) 5. 4 year old □ (2029) 9. Second Grade □ (2026) 13. Sixth Grade □ (2022) 2. 1 year old □ (2032) 6. 5 year old, not in school □ (2029) 10. Third Grade □ (2025) 14. Seventh Grade □ (2021) 3. 2 year old □ (2031) 7. Kindergarten □ (2028) 11. Fourth Grade □ (2024) 15. Eighth Grade □ (2020) 4. 3 year old □ (2030) 8. First Grade □ (2027) 12. Fifth Grade □ (2023) 16. Ninth Grade □ (2019)
Who is the contract being purchased for? (check one) 1. □ Child 2. □ Grandchild 3. □ Relative 4. □ Friend/Other
SECTION IV. Choice of Tuition Plans
Please indicate the Nevada Prepaid Tuition plan you wish to purchase.
 1. □ 4 Year University Plan: 4 Years University (120 semester credit hours) 4. □ Community College Plus University Plan: 2 Years Community College and 2 Years University (120 semester credit hours)
 2. □2 Year University Plan: 2 Years University (60 semester credit hours) 5. □ 2 Year Community College Plan:
3. □ 1 Year University Plan: 1 Year University (60 semester credit hours) (30 semester credit hours)
SECTION V. Payment Schedule
Please select your payment option and indicate if you are making a down payment. (Note: Down payments are optional. If you choose to make a down payment, it must be a minimum of \$1,000 and must be included with your open enrollment form.) In all cases, choose one of the monthly payment options if you are not making a one time (Lump Sum) payment.
☐ Single, Lump Sum ☐ 5 Years/60 months (available for a 7th grade or younger child) ☐ Extended Monthly (pay until high school graduation) ☐ Optional Down Payment Amount of down payment \$(minimum of \$1,000)
If selecting a monthly payment option, indicate your payment preference below:
☐ Automated Bank Account Withdrawal (Easiest and most convenient. Available on website) ☐ Manual Coupon Book (a book will be sent to you)
□ Payroll Deduction (choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).
□ City of Las Vegas □ Douglas County □ Greater LVAR □ LV Valley Water District □ NV Energy □ PERS (currently employed by) □ Humboldt General Hospital □ Lake Tahoe Community College □ State of Nevada: Central □ State of Nevada: LCB □ University of Nevada, Reno



SECTION VI. Demographic Information: (Optional)
Educational level of the Purchaser (Select highest level completed). □ High school graduate □ GED □ Associate's Degree □ Bachelor's Degree □ Master's Degree □ Ph.D. □ Other (specify)
Race of Student Caucasian African-American Native American Other (specify)
Annual Family Income Less than \$20K \(\preceq \) \$20K - 29,999 \(\preceq \) \$30K - 39,999 \(\preceq \) \$40K - 49,999 \(\preceq \) \$50K - 79,999 \(\preceq \) \$80K - 99,999 \(\preceq \) \$100K - 149,999 \(\preceq \) Greater than \$150K \(\preceq \)
SECTION VII. Authorization & Certification
I hereby certify under penalty of perjury that the above information on this Enrollment Form is true and accurate to the best of my knowledge. I acknowledge that a substantial fee may apply for contract termination resulting from material misrepresentation on this Nevada Prepaid Tuition Program Enrollment Form. This Enrollment Form, The Program Description and Master Agreement (including any future updates) constitute the entire Agreement between me and the Nevada Prepaid Tuition Program. This Agreement is governed by the laws of the State of Nevada. By signing the Enrollment Form I acknowledge that I have read and understood, and agree to all the terms and conditions within the Program Description and Master Agreement and Payment and Participation Schedule. Signature of Purchaser
Signature of Furchaser
Please print full name Date
*Enrollment is open from November 1, 2015 through March 31, 2016. The contract prices shown are based on current actuarial assumptions (such as tuition costs and investment returns). Changes to these assumptions may result in contract adjustments including, but not limited to, shortening the enrollment period and changing or withdrawing contract prices. Notification of such changes will be posted pursuant to NAC 353B.200, as well as on the Treasurer's website at: www.nevadatreasurer.gov. Pursuant to NRS 353B.130, your contract is not an obligation of the State of Nevada and neither the full faith and credit nor taxing power of the State is pledged directly or indirectly or contingently, morally or otherwise, to the payment of the contract. The Board cannot directly or indirectly or contingently obligate morally or otherwise, the State to levy or pledge any form of taxation whatsoever or to make any appropriation for the payment of the contract.
Please Provide Either Your Credit Card or Bank Information For Payment of Enrollment Fee, Down Payment, and Lump Sum Payments at the time of Enrollment Only. Please check all that are being included with the
□ Visa □ MasterCard □ Discover Month Year enrollment form and designate the amount Credit Card Number Expiration Date □ \$100 Enrollment Fee
Lump Sum Contract Payment Amount \$
Account # Down Payment on Monthly Plans (Optional) Account Type: Checking Savings (Minimum \$1,000 if checked) Amount \$
Note: Lump sum payments and/or 1 st payment on monthly contract plans, are due by May 15, 2016.
For Office Use Only S100 None Payment S Check Number Check Amount/_ Down Payment Amount S Multiple Forms of Dcode Date

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