

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. **You must supply the Beneficiary's Social Security Number or your contract will not be accepted.**

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 <input type="checkbox"/> (2033) | 5. 4 year old <input type="checkbox"/> (2029) | 9. Second Grade <input type="checkbox"/> (2026) | 13. Sixth Grade <input type="checkbox"/> (2022) |
| 2. 1 year old <input type="checkbox"/> (2032) | 6. 5 year old, not in school <input type="checkbox"/> (2029) | 10. Third Grade <input type="checkbox"/> (2025) | 14. Seventh Grade <input type="checkbox"/> (2021) |
| 3. 2 year old <input type="checkbox"/> (2031) | 7. Kindergarten <input type="checkbox"/> (2028) | 11. Fourth Grade <input type="checkbox"/> (2024) | 15. Eighth Grade <input type="checkbox"/> (2020) |
| 4. 3 year old <input type="checkbox"/> (2030) | 8. First Grade <input type="checkbox"/> (2027) | 12. Fifth Grade <input type="checkbox"/> (2023) | 16. Ninth Grade <input type="checkbox"/> (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. <input type="checkbox"/> 4 Year University Plan: 4 Years University
(120 semester credit hours) | 4. <input type="checkbox"/> Community College Plus University Plan:
2 Years Community College and 2 Years University
(120 semester credit hours) |
| 2. <input type="checkbox"/> 2 Year University Plan: 2 Years University
(60 semester credit hours) | 5. <input type="checkbox"/> 2 Year Community College Plan:
2 Years Community College
(60 semester credit hours) |
| 3. <input type="checkbox"/> 1 Year University Plan: 1 Year University
(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

