

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, 2019 to enroll in the 2019 open enrollment period at published 2019 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

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 following questions to be eligible to enroll a child in the program.

- 1) Is the Purchaser OR Beneficiary (child) a Nevada resident? Yes No
- 2) 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)

- Public Radio (KUNR/KNPR) School Brochure Employer Community/School Event Prepaid Website
 TV Radio Friends/Relatives NV529.org website Online Banner Existing customer

IF FRIEND OR RELATIVE, List name: _____ Other (please specify): _____

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 Mr. Mrs. Miss Ms. Dr.

Last

First

M.I.

ADDRESS

Number and street, including apartment number

CITY

STATE

ZIP CODE

COUNTY (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

CELL PHONE

HOME PHONE

SECTION VI. Demographic Information used for aggregate reporting only: (Optional)

Educational level of the Purchaser (Select highest education level obtained).

- High school graduate GED Associate's Degree Bachelor's Degree Master's Degree Ph.D. Other (specify) _____

Race of Student

- Caucasian African-American Hispanic Native American Asian Other (specify) _____

Annual Family Income

- Less than \$20K \$20K - 29,999 \$30K - 39,999 \$40K - 49,999 \$50K - 79,999 \$80K - 99,999 \$100K - 149,999
 Greater than \$150K

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 purchaser 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, understood, and agree to all the terms and conditions within the Program Description and Master Agreement and Payment and Participation Schedule.

Signature of Purchaser _____

Please print full name _____

Date _____

*Enrollment is open from November 1, 2018 through March 31, 2019. The contract prices shown are based on current actuarial assumptions (such as tuition costs and estimated 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 Credit Card or Bank Information for payment of enrollment fee, lump sum payment, and any optional down payment. Please Note: Credit cards for Lump Sum payments will be accepted at time of enrollment only. Monthly payments are not accepted by credit card.

Visa MasterCard Discover

| | | |
|--|-------------------------|------|
| Credit Card Number | Month | Year |
| Card ID (CVV) | Expiration Date | |
| ABA Routing # | Personal Bank Account # | |
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |

Please check all payments included with enrollment. Note dollar amount and summarize total below:

- Enrollment Fee (Mandatory): Amount \$100
- Lump Sum Payment (If applicable): Amount \$ _____
- Down Payment (Optional – Applied Toward Monthly Payment Plans Only- Minimum \$1,000 if option chosen): Amount \$ _____
- Total Amount \$ _____

Signature of Credit Card Holder/Bank Account Owner _____

Note: Lump Sum Payment or First Monthly Payment on ALL monthly payment plans are due on or before May 15, 2019.

For Office Use Only

| | | | | |
|---------------------------------------|-------------------------------|------------------|-------------------------------|----------------------------|
| <input type="checkbox"/> \$100 | <input type="checkbox"/> None | Payment \$ _____ | Check Number _____ / _____ | Check Amount _____ / _____ |
| <input type="checkbox"/> Down Payment | | Amount \$ _____ | Multiple Forms _____ of _____ | Dcode _____ Date _____ |