

NEVADA **PREPAID** TUITION

2024 ENROLLMENT

To celebrate Nevada Prepaid Tuition's 25th Year Anniversary, we are awarding a Free Prepaid Tuition Contract to two families who have been passionate about saving for their child's education. This scholarship is our way of giving back to the community and supporting the next generation of leaders.

Enroll November 1st through April 15, 2024 to automatically be entered into the random drawing.

Full contest rules available at NVPrepaid.gov



- ## SECTION I. Purchaser Information

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SECTION III. Beneficiary (Child's) Information

The Beneficiary is the child that will utilize the Prepaid Tuition Program in the future. Complete the following information about him/her.

You must supply the Beneficiary's Social Security Number or Tax ID Number or the 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 OR TAX ID# 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 **August 01, 2023**. The year in parenthesis by your child's age is your child's projected college entrance date.

- | | | | |
|---|--|--|---|
| 1. Newborn <input type="checkbox"/> (2041) | 5. 4 year old <input type="checkbox"/> (2037) | 9. Second Grade <input type="checkbox"/> (2034) | 13. Sixth Grade <input type="checkbox"/> (2030) |
| 2. 1 year old <input type="checkbox"/> (2040) | 6. 5 year old, not in school <input type="checkbox"/> (2037) | 10. Third Grade <input type="checkbox"/> (2033) | 14. Seventh Grade <input type="checkbox"/> (2029) |
| 3. 2 year old <input type="checkbox"/> (2039) | 7. Kindergarten <input type="checkbox"/> (2036) | 11. Fourth Grade <input type="checkbox"/> (2032) | 15. Eighth Grade <input type="checkbox"/> (2028) |
| 4. 3 year old <input type="checkbox"/> (2038) | 8. First Grade <input type="checkbox"/> (2035) | 12. Fifth Grade <input type="checkbox"/> (2031) | 16. Ninth Grade <input type="checkbox"/> (2027) |

Who is the contract being purchased for? (check one)

1. ☐ Child 2. ☐ Grandchild 3. ☐ Relative 4. ☐ Friend/Other _____

SECTION IV. Choice of University, Community College, or combination Nevada Prepaid Tuition Plan

Please check 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 preference 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.) **Choose one of the monthly payment options OR indicate if you are making a one-time, lump sum payment.**

- | | |
|---|--|
| <input type="checkbox"/> Single, Lump Sum Payment | <input type="checkbox"/> 5 Year/60 Monthly Payments (Newborn through 7 th grade children) |
| <input type="checkbox"/> Extended Monthly Payments (pay monthly until child graduates from high school) | <input type="checkbox"/> 10 Year/120 Monthly Payments (Newborn through 2 nd grade children) |

☐ Optional Down Payment Amount of down payment \$ _____ (minimum of \$1,000)

If selecting a monthly payment option, indicate your monthly payment method below:

- ☐ Automated Bank Account Withdrawal: Recommended & Debited on the 15th of the month. Form is available online at NVPrepaid.gov
- ☐ Payroll Deduction (Choose your current employer from the participating payroll departments listed below and the required form will be sent to you.)
- | | | | | |
|--|---|---------------------------------------|---|---|
| <input type="checkbox"/> City of Las Vegas | <input type="checkbox"/> LV Valley Water District | <input type="checkbox"/> NV Energy | <input type="checkbox"/> State of Nevada: Central Payroll | <input type="checkbox"/> State of Nevada: LCB |
| <input type="checkbox"/> University of Nevada Las Vegas/Reno | <input type="checkbox"/> Lake Tahoe Community College | <input type="checkbox"/> Greater LVAR | <input type="checkbox"/> Humboldt General Hospital | |
| <input type="checkbox"/> Douglas County | <input type="checkbox"/> PERS (currently employed by) | | | |
- ☐ Coupon Book (Send monthly check with coupon. A coupon book mailed to the purchaser. Note: Future fees may apply)

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, 2023 through April 15, 2024. 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: 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

Card ID (CVV)

Month Year

Expiration Date

ABA Routing #

ABA Routing #

Personal Bank Account #

Personal Bank Account #

Account Type:

☐

Checking

☐

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, 2024.

For Office Use Only

☐ \$100 ☐ None Payment \$ _____
☐ Down Payment Amount \$ _____

Check Number _____ / _____
 Multiple Forms _____ of _____

Check Amount _____ / _____
 Dcode _____ Date _____