NEVADA PREPAID TUITION 2020 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 5200, 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, 2020** to enroll in the 2020 open enrollment period at published 2020 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 (North-KUNR) ☐ Public Radio (South-KNPR) ☐ Brochure from School ☐ Sun City Ad ☐ Google Search ☐ Facebook Ad
☐ TV News Story/Press Release ☐ Friends/Relatives ☐ School or Community Event (booth) ☐ Online Ad (Prepaid Tuition) ☐ Existing customer
☐ Prepaid Tuition Website

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 on a contract however, he/she 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 OR TAX ID# CELL PHONE HOME PHONE

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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 **September 30, 2019. The year in parenthesis by your child's age is your child's projected college entrance date.**

1. Newborn ☐ (2037)
2. 1 year old ☐ (2036)
3. 2 year old ☐ (2035)
4. 3 year old ☐ (2034)
5. 4 year old ☐ (2033)
6. 5 year old, not in school ☐ (2033)
7. Kindergarten ☐ (2032)
8. First Grade ☐ (2031)
9. Second Grade ☐ (2030)
10. Third Grade ☐ (2029)
11. Fourth Grade ☐ (2028)
12. Fifth Grade ☐ (2027)
13. Sixth Grade ☐ (2026)
14. Seventh Grade ☐ (2025)
15. Eighth Grade ☐ (2024)
16. Ninth Grade ☐ (2023)

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. ☐ 4 Year University Plan: 4 Years University (120 semester credit hours)
2. ☐2 Year University Plan: 2 Years University (60 semester credit hours)
3. ☐ 1 Year University Plan: 1 Year University (30 semester credit hours)
4. ☐ Community College Plus University Plan: 2 Years Community College and 2 Years University (120 semester credit hours)
5. ☐ 2 Year Community College Plan: 2 Years Community College (60 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.**

☐ Single, Lump Sum Payment
☐ Extended Monthly Payments (pay monthly until child graduates from high school)
☐ 5 Year/60.Monthly Payments (Newborn through 7th grade children)
☐10 Year/120 Monthly Payments (Newborn through 2nd 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 available online at www.nvprepaid.gov
☐ Payroll Deduction (Choose your current employer from the participating payroll departments listed below and the required form will be sent to you.

☐ City of Las Vegas ☐ LV Valley Water District ☐ NV Energy ☐ State of Nevada: Central Payroll ☐ State of Nevada: LCB
☐ University of Nevada Las Vegas/Reno ☐ Lake Tahoe Community College ☐ Greater LVAR ☐ Humboldt General Hospital
☐ Douglas County ☐ PERS **(currently employed by)**

☐ Coupon Book (Send monthly check with coupon. A coupon book mailed to the purchaser. Note: Future fees may apply)

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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, 2019 through March 31, 2020. 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 Month Year

Credit Card Number **Expiration Date**

Card ID (CVV)

ABA Routing # **Personal Bank Account #**

Account Type: ☐ **Checking** ☐ **Savings**

_____
Signature of Credit Card Holder/Bank Account Owner

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 $_____

Note: Lump Sum Payment or First Monthly Payment on ALL monthly payment plans are due on or before May 15, 2020.

For Office Use Only

❑ $100 ❑ None Payment $_____ Check Number _____/_____ Check Amount _____/_____
❑ Down Payment Amount $ _____ Multiple Forms _____ of _____ Dcode_____ Date_____