SSgA Upromise 529 Plan

Account Application

SSgA Upromise529 POWERED BY SPDR ETFs

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account certain personal information—including name, street address, and date of birth, among other information—that will be used to verify their identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- Open an Account at **www.ssga.upromise529.com** or complete this form to establish an Account.
- Your initial investment, whether made by check, transfer, or rollover, must total at least $15, unless you are establishing an Automatic Investment Plan for a minimum of $50 per month or $150 per quarter, or establishing payroll deduction for a minimum of $15 per paycheck.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.ssga.upromise529.com,** or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:	For overnight delivery or registered mail, send to:
SSgA Upromise 529 **P.O. Box 55578** **Boston, MA 02205-5578**	**SSgA Upromise 529** **95 Wells Ave., Suite 155** **Newton, MA 02459-3204**

1. Account type

- Select one of the Account types below.
- If you do not select an Account type, we will open an Individual Account for you.

☐ **Individual Account.** I am opening a new 529 plan Account.

☐ **UGMA/UTMA Account.** I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

☐☐ Indicate the state *(please abbreviate)* in which the UGMA/UTMA custodial account was opened.

☐ **Business Entity/Trust Account.** I am opening this Account as a corporation, partnership, association, estate, or trust. *(You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the establishment of the authorized signer. We may also request additional information from you.)*

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2. Account Owner information *(The Account Owner is the person or entity who owns and controls the Account. This person must be at least 18 years old.)*

First Name of Individual *(m.i.)*

Last Name of Individual

Name of Business Entity/Trust *(If applicable.)*

Social Security Number or Taxpayer Identification Number ***(Required)*** — Birth Date/Trust Date *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

Telephone Number *(In case we have a question about your Account.)*

Email Address

Permanent Street Address *(A P.O. box is **not** acceptable.)*

City — State — Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all Account mailings.)*

City — State — Zip Code

3. Designated Beneficiary *(The Beneficiary is the future student.)*

☐ Check if Family member(s) participate in Nevada College Kick Start Program

First Name of Individual *(m.i.)*

Last Name of Individual

Social Security Number or Taxpayer Identification Number ***(Required)*** — Birth Date *(mm/dd/yyyy)*

Citizenship *(If other than U.S. citizen, please indicate country of citizenship.)*

☐ Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address

City — State — Zip Code

4. Successor Account Owner information *(Optional)*

- The Successor Account Owner will take control of the Account in the event of the Account Owner's death or legal incompetence.
- You may revoke or change the Successor Account Owner at any time. See the SSgA Upromise 529 Plan Description and Participation Agreement ("Plan Description and Participation Agreement") for more information.
- The person you designate as Successor Account Owner **must be at least 18 years old.**

First Name of Individual *(m.i.)*

Last Name of Individual

Birth Date *(mm/dd/yyyy)*

5. Investment Option selection

- Before choosing your Investment Option(s), see the Plan Description and Participtaion Agreement *(also available at **www.ssga.upromise529.com**)* or by telephone at 1.800.587.7305 for complete information about the investments offered.
- You must allocate at least **5%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%.**

College Date Portfolios
College Date portfolios are designed to make investing as easy as selecting the year in which the beneficiary is expected to start college. With a College Date investment option, the portfolio's investment track is automatically adjusted from more aggressive to more conservative as your beneficiary grows older (and closer to the selected college date year).

SSgA College Today Portfolio	☐☐☐ %
SSgA College 2015 Portfolio	☐☐☐ %
SSgA College 2018 Portfolio	☐☐☐ %
SSgA College 2021 Portfolio	☐☐☐ %
SSgA College 2024 Portfolio	☐☐☐ %
SSgA College 2027 Portfolio	☐☐☐ %
SSgA College 2030 Portfolio	☐☐☐ %

Risk-Based Portfolios
If you prefer investing in strategies that are designed specifically to match the level of risk you are comfortable taking on in your account, then Risk-Based Portfolios may be a good fit for you. You can select an aggressive, moderate, or conservative track, depending on your risk tolerance and time horizon.

SSgA Conservative Portfolio	☐☐☐ %
SSgA Moderate Portfolio	☐☐☐ %
SSgA Aggressive Portfolio	☐☐☐ %

Static Portfolios
Choose from fifteen investment options to create your own personalized investment mix. Each Static Portfolio is invested in a single underlying fund giving you options featuring different investment styles or asset classes, from equity to fixed income.

SPDR S&P 500 ETF Trust Portfolio	☐☐☐ %
SPDR S&P MidCap 400 ETF Trust Portfolio	☐☐☐ %
SPDR S&P 600 Small Cap ETF Portfolio	☐☐☐ %
SPDR S&P World ex-US ETF Portfolio	☐☐☐ %
SPDR S&P International Small Cap ETF Portfolio	☐☐☐ %
SPDR S&P Emerging Markets ETF Portfolio	☐☐☐ %
SPDR S&P Emerging Markets Small Cap ETF Portfolio	☐☐☐ %
SPDR Dow Jones REIT ETF Portfolio	☐☐☐ %
SPDR Dow Jones International Real Estate ETF Portfolio	☐☐☐ %
SPDR Barclays Aggregate Bond ETF Portfolio	☐☐☐ %
SPDR Barclays TIPS ETF Portfolio	☐☐☐ %
SPDR DB International Government Inflation-Protected Bond ETF Portfolio	☐☐☐ %
SPDR Barclays High Yield Bond ETF Portfolio	☐☐☐ %
SPDR Barclays Short Term Corporate Bond ETF Portfolio	☐☐☐ %
SPDR Barclays 1-3 Month T-Bill ETF Portfolio	☐☐☐ %

Please remember to:

- Allocate at least 5% of your contributions to each Investment Option you choose
- Use whole numbers

Savings Portfolio Option
The assets will remain in the portfolio you select until you exchange them into a new Investment Option.

Savings Portfolio	☐☐☐ %
	1 0 0 %

6. Contribution Method

- Your minimum initial contribution must be $15 per account unless you are establishing an Automatic Investment Plan ("AIP") from your bank account. The AIP minimum for each account is $50 per month or $150 per quarter, or establishing payroll deduction for a minimum of $15 per paycheck.
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate box for each source and write the contribution amount for each.
- Contributions by any source of funds *(except Payroll Deduction)* will not be available for withdrawal for 10 calendar days.

Source of funds *(Check all that apply.)*

A. ☐ **Personal check.**
Important: All checks must be payable to **SSgA Upromise 529.**

$ ☐☐☐,☐☐☐.☐☐
Amount

B. ☐ **EFT.** Through EFT, you can make a contribution whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set this up, you must provide bank information in **Section 6D.** The maximum contribution through a one-time EFT is $70,000. *(The amount below will be a one-time EFT contribution to open your Account.)*

$ ☐☐☐,☐☐☐.☐☐
Amount

C. ☐ **AIP.** You can have a set amount automatically transferred from your bank account on the frequency you specify. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your SSgA Upromise 529 Account. You may change the investment amount and frequency at any time by logging onto your Account at **www.ssga.upromise529.com** or by calling **1.800.587.7305.** Account Owners, family members, and friends can all contribute to a SSgA Upromise 529 Account through AIP. To add additional AIP instructions or multiple bank accounts, complete and include **Sections 6C** and **6D** for each.

Important: To set up this option, you must provide bank information in **Section 6D.**

Amount of Debit: $ ☐,☐☐☐.0 0
Amount

Frequency *(Check one.):* ☐ Monthly *($50 minimum)* ☐ Quarterly *($150 minimum)*

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

*The Program must receive instructions at least 3 business days prior to the indicated start date; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

☐ **Annual Increase.** You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated. A confirmation of this increase will be sent to you a month before it is scheduled for implementation.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Amount of increase: $ ☐,☐☐☐.0 0

Month:** ☐☐☐☐☐☐☐☐☐☐☐☐

**The month in which your AIP contribution will be increased. The first increase will occur at the first instance of the month selected. Annual AIP increases are subject to the general contribution limits of SSgA Upromise 529 and will also count toward annual federal gift tax exclusion limits.

D. **Bank information.** Required to establish the EFT or AIP service.

☐ **Important:** Please check the box to confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Routing Number

Bank Account Number

Account Type: *(Check One.)* ☐ Checking ☐ Savings

E. ☐ **Rollover from another 529 plan, Education Savings Account, or qualified savings bond to the SSgA Upromise 529.** By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and include an **Incoming Rollover Form**, available online at **www.ssga.upromise529.com** or by calling **1.800.587.7305.**

F. ☐ **Payroll Deduction.** If you want to make contributions to your SSgA Upromise 529 Account directly as a payroll deduction, you must contact your employer's payroll office to verify that you can participate. Payroll deduction contributions will not be made to SSgA Upromise 529 Account until you have received a **Payroll Deduction Confirmation Form** from the SSgA Upromise 529, provided your signature and Social Security number or Taxpayer Identification number on the Form, and submitted the Form to your employer's payroll office. The amount you indicate below will be in addition to payroll deductions that you may have previously established for other Nevada 529 Accounts.

Amount of payroll deduction each pay period *($15 minimum):* **$** ☐,☐☐☐.**0 0**

7. Additional information

How did you hear about the SSgA Upromise 529?

- ☐ Direct mail
- ☐ TV
- ☐ Newspaper/magazine article
- ☐ Friend or relative
- ☐ Print ad
- ☐ Advisor
- ☐ Online ad
- ☐ Employer
- ☐ E-mail
- ☐ Radio
- ☐ Upromise website
- ☐ SSgA website
- ☐ Event
- ☐ Treasurer's website
- ☐ State of Nevada
- ☐ Upromise Investments Field Representative
- ☐ NV College Kick Start

8. SIGNATURE — YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in the SSgA Upromise 529. I certify that:

- I have received, read, and understand the terms and conditions of the Plan Description and Participation Agreement. I understand that by signing this **Account Application,** I am agreeing to be bound by the terms and conditions of the Plan Description and Participation Agreement. I understand that the **Account Application** shall be construed, governed by, and interpreted in accordance with the laws of the State of Nevada.
- Except as set forth below, I understand that the Plan Description and Participation Agreement and **Account Application** constitute the entire agreement between myself and the Trust *(as defined in the Plan Description and Participation Agreement).* No person is authorized to make an oral modification to this agreement.
- I understand that my Account in SSgA Upromise 529 is not insured by the State of Nevada or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Nevada, the Board, the Trust, the Plan, the Program Manager, State Street Global Advisors, Sallie Mae Bank, or any of their affiliates *(each, as defined in the Plan Description and Participation Agreement and collectively, "Plan Officials").* Notwithstanding the foregoing, the Savings Portfolio is the only investment option in SSgA Upromise 529 that is insured by the Federal Deposit Insurance Corporation ("FDIC"), up to limits set by the FDIC. I understand that there is no assurance that my Account under SSgA Upromise 529 will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value (except for the Savings Portfolio as described in the Plan Description and Participation Agreement).
- If I have chosen the AIP or EFT option, I authorize the Program Manager and Upromise Investment Advisors, LLC, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 6D.** I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the Plan Officials will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as the Program Manager and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 6D.**
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the SSgA Upromise 529 and in any other Qualified Tuition Program offered by the State of Nevada on behalf of the Beneficiary designated in **Section 3** of this **Account Application** to exceed the Maximum Contribution Limit established by the Board are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be returned to me or the contributor.
- **I agree to the terms of the predispute arbitration clause as described under the heading "Arbitration" in Section 17 of the SSgA Upromise 529 Plan Participation Agreement.**
- I certify that all of the information that I provided on this **Account Application** is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that govern the SSgA Upromise 529.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

A valuable opportunity to supplement your college savings!

Upromise BY SallieMae

Add to your college savings with the voluntary Upromise® service. Earn college savings from your everyday purchases like online shopping, dining out, traveling, and more. This service costs nothing to join and when you link your Upromise and SSgA Upromise 529 accounts, your earnings will be automatically transferred on a periodic basis ($25 minimum). Millions of families around the country already take advantage of Upromise; join them!*

Here's how to become a member of the Upromise service. After we've received your completed **Account Application**, we'll send you a welcome letter that includes your account number. Using this information, simply **visit www.ssga.upromise529.com** to register for Web access to your account, then follow the online instructions to join Upromise. It's that easy.

Already a Upromise member? *Log in to your account and link it with your new SSgA Upromise 529 Account number.*

*Upromise is an optional service offered by Upromise, Inc., is separate from the SSgA Upromise 529, and is not affiliated with the State of Nevada. Transfers from Upromise to a SSgA Upromise 529 Account subject to a $25 minimum. Terms and conditions apply to the Upromise service. Participating companies, contribution levels and terms and conditions are subject to change at any time without notice. Upromise, Inc. is affiliated with Upromise Investments, Inc. and Sallie Mae Bank. Go to Upromise.com to learn more.

SSgA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Upromise Investments, Inc. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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