




TD Ameritrade 529 College Savings Plan Enrollment Form

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.

- Use this form to open a new Account for a Beneficiary.
- Before investing you should check with your or your Beneficiary's home state to determine if it offers tax or other benefits for investing in its own plan.
- You must provide all information except where optional is indicated.
- 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 mailing address listed. Do not staple.

You can call us to order any form—or request assistance in completing this form—at **1.800.431.3500** any business day from 8 a.m. to 8 p.m. Central time.

 **1.800.431.3500**
8 a.m. to 8 p.m. Central time M-F

 **tdameritrade@NEST529.com**

Mailing address:
TD AMERITRADE Institutional
4075 Sorrento Valley Blvd., Suite A
San Diego, CA 92121

1. Account type

- Individual Account.** I am opening a new TD Ameritrade 529 College Savings Plan (TD Ameritrade 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. The minor will be the Account Owner and Beneficiary. Enter Custodian information in **Section 4.**
- Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial Account was opened.
- Business Entity/Trust Account/Scholarship/Non-Profit.** 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.*) Enter Individual Authorized to Act information in **Section 4.**
- Minor Owned Account.** The minor will be the Account Owner and Beneficiary. Enter Parent/Guardian information in **Section 4.**



* T D A I N S T E N R O L L *

6. Investment Option selection

- Before choosing your Investment Option(s), please read the Program Disclosure Statement for complete information about the Investment Options.
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.

Age-Based Investment Options: The asset allocation of contributions to Age-Based Investment Options are automatically adjusted over time to become more conservative as the Beneficiary approaches college.

Age-Based Aggressive	<input type="text"/> <input type="text"/> <input type="text"/> %
Age-Based Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Age-Based Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Age-Based Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %

Static Investment Options: Allocations to underlying funds remain the same over the life of your investment.

Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Balanced Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Conservative	<input type="text"/> <input type="text"/> <input type="text"/> %

Individual Investment Options: Allocations to underlying funds remain the same over the life of your investment.

Vanguard Total Stock Market Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Tributary Core Equity	<input type="text"/> <input type="text"/> <input type="text"/> %
T. Rowe Price Large Cap Growth	<input type="text"/> <input type="text"/> <input type="text"/> %
Vanguard Institutional Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Fidelity Spartan Extended Market Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Vanguard REIT Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Fidelity Advisor Small Cap	<input type="text"/> <input type="text"/> <input type="text"/> %
Tributary Small Company	<input type="text"/> <input type="text"/> <input type="text"/> %
Vanguard Total International Stock Index	<input type="text"/> <input type="text"/> <input type="text"/> %
PIMCO Total Return	<input type="text"/> <input type="text"/> <input type="text"/> %
Dreyfus Bond Market Index	<input type="text"/> <input type="text"/> <input type="text"/> %
Federated Total Return Bond	<input type="text"/> <input type="text"/> <input type="text"/> %
Vanguard Short-Term Bond Index	<input type="text"/> <input type="text"/> <input type="text"/> %
American Century Inflation-Adjusted Bond	<input type="text"/> <input type="text"/> <input type="text"/> %
Goldman Sachs Prime Money Market	<input type="text"/> <input type="text"/> <input type="text"/> %
	<hr/> 1 0 0 %

7. Contribution Method

- Your initial contribution can come from several sources combined, but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source (except payroll direct deposit) will not be available for withdrawal for 10 business days.

Source of funds (Check all that apply.)

A. **Personal check.**

Important: All checks must be payable to **TD Ameritrade Plan.**

\$, .

Amount

B. **Rollover from another 529 plan, Education Savings Account (ESA), or qualified U.S. Savings Bond to a TD Ameritrade Plan Account.** Complete and include an **Incoming Rollover Form**, available by calling **1.800.431.3500**. By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months.

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Amount

C. **Indirect Rollover.** A check is included from another 529 plan, ESA, or U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. If these forms are not provided, the entire amount will be treated as earnings.

\$, .

Amount of Rollover

\$, .

Principal (Basis)

\$, .

Earnings

D. **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from your bank account monthly or quarterly, or you can choose the months in which you would like your AIP to occur. Money will be transferred electronically at regular intervals from your bank, savings and loan, or credit union account to your TD Ameritrade Plan Account. You may change the investment amount and frequency at any time by calling **1.800.431.3500**. Account Owners, family members, and friends can all contribute to a TD Ameritrade Plan Account through AIP. To add additional AIP instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 7D** and **7F** for each additional AIP instruction or bank account.

Important: To set up this option, you must provide bank information in **Section 7F**.

Amount of Debit:

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Amount

Frequency (Check one.):

Monthly

Quarterly
(Every three months.)

OR

Custom

(Check the months below that you would like your AIP to occur.)

January

February

March

April

May

June

July

August

September

October

November

December

Day of Month:*

*The TD Ameritrade Plan must receive instructions at least 3 business days prior to the day of the month specified; 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 10th day of the month.

8. Agent authorization information *(Continued)***B. Authorization level**

I, the Account Owner listed in **Section 2**, appoint the financial professional listed in **Section 8A**, as my agent. *(Please initial the appropriate level of access that applies to the Account.)*

Level 1—Account Inquiry Access. To obtain information about my Account and receive duplicate Account statements from the TD Ameritrade Plan.*

Level 2—Account Inquiry Access, Contributions, and Exchanges. To obtain information about my Account and receive duplicate Account statements from the TD Ameritrade Plan. To contribute money to my Account and to move money among Investment Options within my Account.*

* The authority granted herein is limited to the level of authority specified above. The Financial Professional listed in **Section 8A** shall have no authority to take any other action, including, but not limited to:

- Changing the address of record on my Account,
- Adding, deleting, or changing any banking information with respect to my Account,
- Changing the designated Beneficiary,
- Signing or e-signing an **Enrollment Form** or otherwise opening a new Account on my behalf,
- Transferring assets to a new Account, or
- Withdrawing assets from my Account.

9. Signature

- By signing below, I hereby acknowledge that I have received, read, and agree to the terms and conditions of the Program Disclosure Statement which governs all aspects of this Account and is incorporated herein by reference. I will retain a copy for my records.
- I certify that all of the information I have provided on this form is accurate and complete and that I am bound by the terms, rights, and responsibilities stated in the Program Disclosure Statement and by any and all statutory, administrative and operating procedures that govern the TD Ameritrade Plan. Except as set forth below, I understand that the Program Disclosure Statement and Enrollment Form constitute the entire agreement between me and the Nebraska Educational Savings Plan Trust (Trust). No person is authorized to make an oral modification to this agreement.
- I understand investments are not guaranteed or insured by the FDIC or any other government agency, and are not deposits or other obligations of any depository institution. Investments are not guaranteed or insured by the TD Ameritrade Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or any of their authorized agents or affiliates, the Program Manager or its authorized agents or any of their affiliates, or TD Ameritrade or its authorized agents or its affiliates, and are subject to investment risks including the loss of the principal amount invested.
- I understand that participation in the TD Ameritrade Plan does not guarantee that contributions and the investment return on contributions, if any, will be adequate to cover tuition and other higher education expenses or that a Beneficiary will be admitted to or permitted to continue to attend an Eligible Educational Institution.
- I intend to use my Account solely to pay the qualified higher education expenses of the Beneficiary.
- If I am rolling over assets from another 529 Plan, by signing below I certify that there has not been a rollover for this Beneficiary during the prior 12-month period. I further understand that moving assets among the same Account Owner and Beneficiary Account that are in any 529 Plan issued by the Trust will count toward my permitted once-per-calendar-year Investment Option change and I certify that an Investment Option change has not occurred during the calendar year.
- If I have chosen the AIP or EFT option, I authorize the Program Manager and its designees, 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 7F**. 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 TD Ameritrade Plan, the Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, or any of their authorized agents or affiliates, the Program Manager or its authorized agents or any of their affiliates, or TD Ameritrade or its authorized agents or its affiliates, 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 7F** or that the account owners of such bank account have authorized me to institute this AIP and/or EFT service from their account on their behalf.
- To the best of my knowledge, each contribution to my Account, when added to the value of all other accounts established for the same Beneficiary in 529 plans issued by the Trust will not cause the aggregate balances in such accounts to exceed the Maximum Contribution Limit then in effect or the cost in current dollars of qualified higher education expenses that I reasonably anticipate the Beneficiary will incur.
- If the Account is minor-owned or is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account, and that I am authorized to open the Account.
- If the Account is owned by an entity or trust, I certify that I am authorized to act on its behalf in making this request and that I am authorized to open an Account for the Beneficiary named in **Section 3**. I agree to promptly inform the Program Manager in the event that any of the foregoing certifications becomes untrue. I understand and acknowledge that the Program Manager has the right to terminate the entity's participation in the Program if it has reasonable grounds to believe that any of the foregoing certifications is untrue.

10. Additional Information *(Optional)***How did you hear about the TD Ameritrade Plan?** *(Select One.)*

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Magazine/Newspaper | <input type="checkbox"/> News Report | <input type="checkbox"/> Presentation |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Beneficiary's School | <input type="checkbox"/> Community Event | <input type="checkbox"/> Family/Friends |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Other | | |

Educational level *(Select One.)*

Select the highest level of education you, the Account Owner, have completed.

- | | | | |
|---|---|---|--------------------------------|
| <input type="checkbox"/> High School Degree | <input type="checkbox"/> College Degree | <input type="checkbox"/> Post Graduate Degree | <input type="checkbox"/> Other |
|---|---|---|--------------------------------|

Annual Household Income *(Select One.)*

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Less than \$25,000 | <input type="checkbox"/> \$25,000–\$49,999 | <input type="checkbox"/> \$50,000–\$74,999 | <input type="checkbox"/> \$75,000–\$100,000 |
| <input type="checkbox"/> More than \$100,000 | | | |

TD Ameritrade does not provide tax advice. It is suggested that investors seek the advice of your tax-planning professional with regard to your personal circumstances.

Nebraska Savings Plan Trust, Issuer. Nebraska State Treasurer, Administrator. First National Bank Omaha, Program Manager. First National Capital Markets, Inc. Primary Distributor, Member FINRA, SIPC. First National Capital Markets, Inc. and First National Bank of Omaha are affiliates.

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