

Additional Investment Form

For Investors Utilizing A Financial Advisor (For Classes A and C)

(Intended for Oklahoma Residents)

Terms used in this application, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

See Plan Disclosure Statement for details regarding UGMA/UTMA contributions.

If this contribution is a rollover from another qualified investment account, this form must be accompanied by a Rollover Form CAFRBOK.

Minimum contribution: \$50 (per portfolio). New portfolio minimum: \$250. Maximum balance limit: \$300,000 per beneficiary.

Make check payable to: Oklahoma Dream 529 Plan.

See "Rights of Accumulation" in the Plan Disclosure Statement. If multiple accounts are held or are being established at this time, and one or more of these accounts are UGMA/UTMAs, please attach a letter of instruction to ensure all accounts are linked for the purpose of Rights of Accumulation.

If no date is specified, the date of this purchase will be presumed to be the "initial purchase date." The minimum initial investment under a Letter of Intent is 5% of the aggregate amount to be contributed.

OklahomaDream529

This form is for existing Account Owners, and may be used to purchase additional units (Classes A or C) of the Oklahoma Dream 529 Plan.

The form must be preceded by or accompanied by the current Plan Disclosure Statement and Participation Agreement. Please read both documents carefully, before you invest.

If you have questions, contact an Oklahoma Dream 529 Plan Investor Services Representative toll-free, Monday-Friday, 7:00am-7:00pm Central Time, at 1-877-529-9299.

Send this form with your check made payable to Oklahoma Dream 529 Plan, to either:

via regular mail: Oklahoma Dream 529 Plan PO Box 55173 Boston, MA 02205-5173

via overnight mail: Oklahoma Dream 529 Plan c/o Boston Financial Data Services, Inc. 30 Dan Road Canton, MA 02021-2809

1. Account Owner/Custodian/Entity

Are you funding this Account with cash proceeds from the sale of assets held in an UGMA, UTMA or other custodial account? Yes No

Is your contribution a tax-free rollover from another 529 plan, a Coverdell Education Savings Account, or a qualified U.S. Savings Bond? Yes No

Form fields for Account Owner/Custodian/Entity: First Name (or Trustee), Middle Initial, Last Name, Social Security Number, Exact Name of Trust or Corporation, if applicable, Tax ID Number (of Trust or Corp., if applicable)

2. Your Investment

Indicate Portfolio(s)

I wish to invest all, or a portion of the contribution, in the following Portfolio(s):

Table for investment portfolios with columns: Portfolio Name, Account Number (if an existing account), Contribution Amount

Total Amount Invested \$ _____

3. Reduced Sales Charge Choose one only (This option available for Class A shares only.)

Right of Accumulation

I own units in other Oklahoma Dream 529 options which may entitle this purchase to have a reduced sales charge under provisions in the Plan Disclosure statement.

Form fields for Right of Accumulation: Existing Account Name, Account Number

Letter of Intent

I agree to the Letter of Intent conditions stated in the current Plan Disclosure Statement, including the minimum initial purchase requirement and escrow provisions. I intend to invest, within a 13-month period beginning _____ (initial purchase date), in Units of the Investment Portfolio(s) purchased with this application and one or more of the other Investment Portfolio(s) listed in Section 3 above, an aggregate amount which, together with the value of Units of any eligible Investment Portfolio(s) owned by me on the initial purchase date, will be at least equal to:

Form fields for Letter of Intent: \$100,000 \$250,000 \$500,000 \$1,000,000

4. Signature and Agreement of Account Owner

By signing below, I hereby request that an additional contribution be made to my Oklahoma Dream 529 Plan Account, as indicated above, and upon such contribution do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the current Participation Agreement and Plan Disclosure Statement. Account Owner understands that Account Owner assumes all investment risk of an investment in the Plan, including the potential loss of principal. **ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE BOARD, THE STATE OF OKLAHOMA OR THE MEMBERS, OFFICERS AND EMPLOYEES OF THE BOARD OR THE STATE OF OKLAHOMA MAY BE MADE SOLELY AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PLAN ADMINISTRATOR ON BEHALF OF THE BOARD, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE BOARD AND THE STATE OF OKLAHOMA AND EACH OF THE MEMBERS, OFFICERS AND EMPLOYEES OF THE BOARD AND THE STATE OF OKLAHOMA FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT OR THE ACCOUNT.**

Signature of account owner, custodian, trustee, partner or officer

Date

NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.