Change Form

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

(Intended for Oklahoma Residents)

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

IMPORTANT
Please complete Section 1, regardless of the nature of your change. You should complete the other sections only if they pertain to your desired change.

Please complete Section 2 if any part of your personal information is changing (e.g., new married name, new address, etc.), or if you are transferring ownership of the account to another individual.

The Account Owner must be a U.S. Citizen or Resident Alien

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What does this means for you? When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

OklahomaDream529℠

This form should be used **to make changes to an existing Oklahoma Dream 529 Plan account,** and must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it — and the related Participation Agreement—carefully, before you invest. This form requires the applicant to certify that he/she has read both the Plan Disclosure Statement and the Participation Agreement.

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.**

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
1-877-529-9299

1. Current Account Registration Information (required)

First Name Middle Initial Last Name

Social Security Number Account Number

2. New Account Registration Information (optional)

Note: a medallion signature guarantee is required

☐ Name Change ☐ Transfer of Ownership (New Application Required)

First Name Middle Initial Last Name

Date of Birth (MM/DD/YY) Social Security Number

Citizenship of Primary Account Owner: ☐ U.S. Citizen ☐ Resident Alien

3. Change of Address (Note: No P.O. Boxes permitted)

If you prefer that we mail communications, such as statements, to a P.O. Box, please use the space provided below, under "Mailing Address," however, you must still provide information about your legal residence here. (See "Important information about procedures for opening a new account" at left.)

Street Address Apt. Number

City State Zip Code

Home Telephone Work Telephone

New Mailing Address (if different than above)

Street Address Apt. Number

City State Zip Code

Please visit our Web site, to read our Privacy Policy—**www.okdream529.com**

New E-mail Address (optional)

E-mail Address

New Successor Owner and/or Contingent Successor Owner (optional)

New Successor Owner:

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth (MM/DD/YY)

Citizenship of New Successor Owner: ☐ U.S. Citizen ☐ Resident Alien

Relationship to Account Owner ____________________

New Contingent Successor Owner:

First Name | Middle Initial | Last Name

Social Security Number | Date of Birth (MM/DD/YY)

Citizenship of New Successor Owner: ☐ U.S. Citizen ☐ Resident Alien

Relationship to Account Owner ____________________

In the event of death of the Account Owner, a Successor Owner would become the new Account Owner. If no Successor Owner is designated, the account will return to the Account Owner's estate.

In the event of death of the Successor Owner, a Contingent Successor Owner would replace the deceased Successor Owner.

4. Change of Beneficiary

Complete this section if you are changing your current Beneficiary. Your new Beneficiary must be related to the existing Beneficiary, and must be a U.S. Citizen or Resident Alien. See the current Plan Disclosure Statement for details.

Existing Beneficiary

First Name | Middle Initial | Last Name

Relationship to Account Owner (if any) | Social Security Number (required)

New Beneficiary

First Name | Middle Initial | Last Name

Relationship to Existing Beneficiary | Social Security Number (required)

Street Address | Apt. Number | Date of Birth (MM/DD/YY)

City | State | Zip Code

State of residency, if different than above

Citizenship of Designated Beneficiary: ☐ U.S. Citizen ☐ Resident Alien

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

You must supply a valid Social Security Number for the Designated Beneficiary, to open an account.

In the event the intended Beneficiary does not yet have a Social Security Number, the Account Owner will be made the Beneficiary, and will remain the Beneficiary until such time as:

a) the Plan Administrator is notified in writing that Account Owner wishes to change the Beneficiary, and

b) a valid Social Security Number for the new Beneficiary is provided to the Plan Administrator.

5. Your Investment

Complete this section if you are changing the investment option(s) for an existing Beneficiary, or indicating the investment options for a new Beneficiary.

INVESTMENT OPTION 1

I wish to invest all or a portion of the contribution in the Age-Based Investment portfolio(s) that corresponds to: ☐ the beneficiary's current age ☐ a hypothetical age: _____.

Age-Based Investment Portfolios

I. Age-Based 0-8 (Aggressive Growth)
II. Age-Based 9-11 (Growth)
III. Age-Based 12-14 (Growth & Income)
IV. Age-Based 15-16 (Balanced)
V. Age-Based 17-18 (Income)
VI. Age-Based 19 and over (Capital Preservation)

☐ I understand the portfolio will then be automatically reallocated among other portfolios above as the beneficiary's age changes (See plan disclosure statement for details.)

☐ Check here if you do not want this account to migrate.

Unless otherwise indicated, the age of matriculation will be presumed to be 19. Other: _____.

You must allocate a minimum of $50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

Amount to be invested $ ________ ☐ **existing assets** ☐ **all future contributions**

INVESTMENT OPTION 2

You must allocate a minimum of $50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

Static Investment Portfolios

I wish to invest all or a portion of the contribution in the following Static Investment Portfolio(s).

☐ Capital Appreciation Portfolio $_______

☐ Capital Preservation Portfolio $_______

Amount to be invested for: ☐ existing assets ☐ all future contributions.

INVESTMENT OPTION 3

You must allocate a minimum of $50 per portfolio/month for Auto-Invest accounts or Company-sponsored plans.

Individual Investment Portfolios

I wish to invest all or a portion of the contribution in the following Individual Investment Portfolio(s) (that invest(s) in shares of the corresponding underlying mutual fund as indicated by the portfolio(s) below).

Amount to be invested for: ☐ **existing assets** ☐ **all future contributions.**

$ _________ Allianz AGIC Income & Growth

$ _________ Allianz NFJ Dividend Value

$ _________ Allianz NFJ International Value

$ _________ Allianz RCM Large-Cap Equity

$ _________ PIMCO Diversified Income

$ _________ PIMCO Global Multi-Asset

$ _________ PIMCO Government Money Market

$ _________ PIMCO Real Return

$ _________ PIMCO Total Return

$ _________ TIAA-CREF International Equity Index

$ _________ TIAA-CREF Small-Cap Blend Index

$ _________ TIAA-CREF S&P 500 Index

Total amount to be invested (for all investment options) $ _________

All Investment Portfolios can be exchanged and reallocated, once per calendar year or upon certain limited conditions such as a change in beneficiary. Units of each Class may only be exchanged for Units of the same Class. The proceeds of a telephone withdrawal may be payable only to the Account Owner of record and mailed to the address of record or existing wiring instructions on your account or if a medallion signature guarantee is on file it can be directly paid to that accredited institution.

6. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change the allocation, unless you decline such privilege by marking one or more of the boxes below.

I decline *telephone exchanges*: ☐ by myself or any person

I decline *telephone withdrawals*: ☐ by myself or any person

If you do not decline the telephone privileges above, the Plan Administrator may accept telephone instructions from any person identifying himself as the owner of an account, provided that the Plan Administrator believes the instructions to be genuine, and thus you risk possible losses in the event of a telephone request not authorized by you. See Plan Disclosure Statement for details.

You must also complete Section 9 of this application to participate in FundLink or Auto-Invest.

7. FundLink[sm] Options

FundLink is a service which "links" your Oklahoma Dream 529 Plan account with your bank account, to enable you to conduct a variety of transactions over the phone or via other instructions.

☐ I hereby request that my Oklahoma Dream 529 Plan account and my bank account (listed in Section 9) be "linked" to allow purchases and/or withdrawals to be debited/credited upon your authorization and/or in accordance with the Auto-Invest instructions below.

$50 minimum for each Portfolio selected. Automatic investments are subject to the following conditions: 1. Your bank account will be charged on or about the date of each investment as indicated. 2. The privilege of making investments by Auto-Invest may be revoked by the Plan Administrator without prior notice if any check is not paid upon presentation. The Plan Administrator shall be under no obligation to notify the undersigned as to the non-payment of any check. 3. Auto-Invest may be discontinued by the Plan Administrator upon thirty (30) days written notice prior to any investment date or by the undersigned at any time by written notice to the Plan Administrator, provided such notice is received at least ten (10) business days prior to the due date of any investment.

8. Auto-Invest

Authorization to honor ACH debits for automatic investment in your account.

Select only one

☐ Add this option to my account

☐ Change my investment amount and / or debit (withdrawal) date on my current Auto-Invest

☐ Stop the Auto-Invest option on my account

Complete if necessary

☐ I hereby request to automatically invest on or about the ______ day of each ☐ month ☐ quarter, in my/our account, in the amount and in the Investment Portfolio(s) indicated below.

Portfolio Name	Amount
Portfolio Name	Amount
Portfolio Name	Amount

Tape voided check or deposit slip here.

9. Bank Account Information (for FundLink and/or Auto-Invest)

(Medallion Signature Guarantee Required—See Section 10)

Please provide information on the bank you would like to link your account to.

Type of Account (Select one): ☐ Checking Account ☐ Savings Account

Account Name (Print title of your account exactly as it appears on your records.) Bank Account Number

Bank Name and Address Bank Routing Number

Signature / Date Signature #2 (if joint bank account, both must sign) / Date

IMPORTANT: Tape your pre-printed, voided check at left (if you have designated your checking account), or your pre-printed personalized deposit slip with your account number encoded on it (if you have designated your savings account).

10. Signature and Agreement of Account Owner

By signing below, I hereby request that the changes, indicated on this form and any accompanying letter of instruction, be made to my Oklahoma Dream 529 Plan Account, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement, and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all investment risk of an investment in the Plan, including the potential loss of principal. **I understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I do not contact Allianz Global Investors Distributors LLC. 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 MY EMPLOYER, 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

Medallion Signature Guarantee—Required if Section 2 or 9 are completed.

To be filled out by financial advisor.

11. Dealer Information

Dealer Name Telephone Number

Dealer Home Office Address City State Zip Code

Advisor's Last Name First Name M.I. Rep I.D. No.

Advisor's Branch Office Address City State Zip Code

Branch Number Telephone Number

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.