

Account Application

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.

You must be a U.S. Citizen or Resident Alien to open an account.

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 mean 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.

If you are affiliated with or employed by a stock exchange or member firm of either an exchange, FINRA, or a municipal securities broker-dealer, please provide the company name at right.

OklahomaDream529sm

This application may be used to purchase Class A or C Units of the **Oklahoma Dream 529 Plan**. The application must be preceded by or accompanied by the current Plan Disclosure Statement. Please read it—and the related Participation Agreement—carefully, before you invest. If you have questions, contact an Oklahoma Dream 529 Plan Investor Services Representative, Mon–Fri, 7:00am–7:00pm Central Time, toll-free, at **1-877-529-9299**.

Mailing instructions:

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 Information

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 (See Plan Disclosure Statement for details.)

First Name (or Trustee)

Middle Initial

Last Name

Date of Birth (MM/DD/YY)

Social Security Number

Exact Name of Trust or Corporation, if applicable

Tax ID Number of Trust or Corporation, if applicable

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

Physical Residence (NO P.O. Boxes)

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

E-mail Address (optional)

Mailing Address (if different than above)

Street Address

Apt. Number

City

State

Zip Code

Affiliations

Company Name

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.

Successor Owner and Contingent Successor Owner must be U.S. Citizens or Resident Aliens.

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

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

1. 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.

2. Your Designated Beneficiary must be a U.S. Citizen or Resident Alien.

If your contribution is a rollover, please attach a completed rollover form, and consult the Plan Disclosure Statement for details on the implications of such a contribution.

IMPORTANT NOTES

Minimum initial contribution:
\$1,000 (\$250 minimum per portfolio);
\$250 if you are participating in Auto-Invest.
Maximum balance limit: \$300,000 per beneficiary.

Make check payable to: Oklahoma Dream 529 Plan.

Class C Unit purchases:

1) Maximum permitted investment in Class C Units is \$499,999. See Plan Disclosure Statement for details.

Advisors: You have the flexibility to make a recommendation to purchase a Portfolio that is more or less aggressive than that of the Portfolio which corresponds to the beneficiary's age at the time of purchase, by indicating a "hypothetical age" for the beneficiary at right.

2. Successor Owner

Successor Owner (optional)

First Name Middle Initial Last Name

Address Telephone Number

Date of Birth Social Security Number (required)

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

Contingent Successor Owner (optional)

First Name Middle Initial Last Name

Date of Birth Social Security Number (required)

Citizenship of Contingent Successor Owner: U.S. Citizen Resident Alien

3. Designated Beneficiary

Check here, if you qualify for 501(c)(3) status. (If so, no Beneficiary need be designated at this time.)

First Name Middle Initial Last Name

Relationship to Account Owner, if any 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

4. Your Investment

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

Unit Class

Select the Class of Units you are purchasing.

- Class A Units with initial sales charge
- Class A Units load-waived (Please indicate reason below.)
- Class C Units

Reason for waiving sales charge of Class A Units (See Plan Disclosure Statement for allowable circumstances.)

INVESTMENT OPTION 1

Age-Based Investment Portfolios

I wish to invest all or a portion of the contribution in the Age-Based Investment Portfolio that corresponds to: the beneficiary's current age hypothetical age: ____.

- 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 the 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: ____.

Total Amount Invested \$ _____

INVESTMENT OPTION 2

Static Investment Portfolios

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

Capital Appreciation	\$ _____
Capital Preservation	\$ _____
	\$ _____ Total Amount Invested

INVESTMENT OPTION 3

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 below).

\$ _____ Allianz AGIC Income & Growth	\$ _____ PIMCO Real Return
\$ _____ Allianz NFJ Dividend Value	\$ _____ PIMCO Total Return
\$ _____ Allianz NFJ International Value	\$ _____ TIAA-CREF International Equity Index
\$ _____ Allianz RCM Large-Cap Equity	\$ _____ TIAA-CREF Small-Cap Blend Index
\$ _____ PIMCO Diversified Income	\$ _____ TIAA-CREF S&P 500 Index
\$ _____ PIMCO Global Multi-Asset	\$ _____ Total Amount Invested
\$ _____ PIMCO Government Money Market	

A complete and up-to-date list of Individual Investment Portfolios can be found in the current Plan Disclosure Statement, or by visiting our Website: www.okdream529.com

See "Right of Accumulation" in the Plan Disclosure Statement, for details. 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 Statement of Intent is 5% of the aggregate amount to be contributed.

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 according to existing wiring instructions on your account.

You must also complete Section 8 of this application, "Bank Account Information," to participate in FundLink.

An initial \$250 minimum is required to participate in Auto-Invest. Subsequent Auto-Invest purchases require a minimum of \$50.

IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS

\$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.

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

Rights of Accumulation

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

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 contribute, within a 13-month period beginning _____ (initial purchase date), in Class A Units of the Oklahoma Dream 529 Plan purchased with this application and one or more of the other Investment Portfolio(s) listed in Section 4 above, an aggregate amount which, together with the value of Class A Units of any of the Investment Portfolios purchased by me on the initial purchase date, will be equal to:

\$100,000 \$250,000 \$500,000 \$1,000,000

Please note: If no date is specified, the initial purchase date will be the date of purchase.

6. Telephone Privileges: Exchanges and Withdrawals

You will automatically have certain telephone privileges to exchange between Investment Portfolios and to change allocations, 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/herself 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.

7. Auto-Invest

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

I hereby request to automatically invest on or about the _____ day of month, of each

month quarter, in my/our account, in the amount and in the Investment Portfolio indicated below.

Portfolio Name

Amount

Portfolio Name

Amount

Portfolio Name

Amount

Tape voided check or deposit slip here.

IMPORTANT: Please tape your pre-printed, voided check above (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).

Sign exactly as the account is to be registered.

Section 11 is to be completed by your financial advisor.

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.

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

Please "link" my Oklahoma Dream 529 Plan account to my: Checking Account Savings Account

Account Name (Print title of your account exactly as it appears on your records.)	Bank Account Number
Bank Name and Branch Address	Bank Routing Number
Signature	Date
Signature (if joint bank account, both must sign)	Date

9. FundLinksm 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 8) be "linked" to allow purchases and/or withdrawals to be debited/credited upon your authorization and/or in accordance with the Auto-Invest instructions in Section 7.

10. Signature and Agreement of Account Owner

By signing below, I hereby request that an Oklahoma Dream 529 Plan Account be established, and upon such opening 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. I understand that you may supply my name to issuers of any securities held in my account so I might receive any important information regarding them, unless I notify in writing not to do so. Account Owner understands that Account Owner assumes all investment risk of an investment in the Plan, including the potential loss of principal. If I am requesting that a trust account be opened, I certify that (i) I am the Trustee of said Trust, (ii) I have provided a copy of the Trust agreement (as amended) and (iii) I certify that the Trust is still in existence and none of the conditions for termination have occurred. **I understand that in accordance with applicable state regulations, my 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 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 official	Date
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11. Dealer Information

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		
Dealer Name	Telephone Number		
Dealer Home Office Address	City	State	Zip Code

BIN — Broker Identification Number (Your client's account number with your firm for networking purposes), if applicable

Send this application with a check made payable to "Oklahoma Dream 529 Plan". (See pg. 1 for mailing address.)

The Plan Administrator reserves the right to require payment by wire or U.S. Bank Check. The Plan Administrator generally does not accept payments made by cash, temporary/starter checks, third party checks, credit cards, traveler's checks, credit card checks, or checks drawn on non-U.S. banks (even if payment may be effected through a U.S. bank).