Change Form

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

(Intended for Oklahoma Residents).

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

Please complete Section II 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.

PLEASE NOTE: A medallion signature guarantee is required if you are transfering ownership or changing your name. See section X.

The Account Owner must be a U.S. Citizen or Resident Alien with a valid social security number or tax identification number.

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, call your Oklahoma Dream 529 Plan Investor Services Representative toll-free, Monday–Friday, 8:00am–8:00pm Eastern Time, at **1-877-529-9299.**

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

I. Current Account Registration Information (required)

First Name | Middle Initial | Last Name

Social Security Number | Account Number

II. New Account Registration Information (optional)

☐ Name Change ☐ Transfer of Ownership

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

New Residence (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**

E-mail Options (optional)

Old E-mail Address

☐ Please change the above e-mail address to the one that appears below.

☐ I do NOT have an e-mail address on file; please add the one that appears below.

New E-mail Address

☐ Do NOT send me periodic updates about the Oklahoma Dream 529 Plan via e-mail.

☐ Please send me periodic updates about the Oklahoma Dream 529 Plan via e-mail.

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.

New Successor Owner or Contingent Successor Owner (optional)

☐ New Successor Owner ☐ New Contingent Successor Owner

First Name | Middle Initial | Last Name | Social Security Number (required)

III. Change of Beneficiary (optional)

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 (optional)

First Name | Middle Initial | Last Name

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

IMPORTANT NOTES ABOUT THE BENEFICIARY'S SOCIAL SECURITY NUMBER

You must supply a valid Social Security Number or tax identification 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 Program Manager is notified in writing that Account Owner wishes to change the Beneficiary, and

b) a valid Social Security Number or tax identification number for the new Beneficiary is provided to the Program Manager.

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

IV. Your Investment (optional)

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 that corresponds to: ☐ the beneficiary's current age ☐ a hypothetical age: _____.

Age-Based Investment Portfolios

I. Ages 0 – 3 (Aggressive Growth)
II. Ages 4 – 7 (Growth)
III. Ages 8 – 11 (Growth & Income)
IV. Ages 12 – 14 (Balanced)
V. Ages 15 – 17 (Income)
VI. Ages over 18 (Capital Preservation)

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

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

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

Unless otherwise indicated, the age of matriculation will be presummed to be 18. Other: _____.

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

Select Fund Investment Portfolios

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

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

$ _________ Allianz Global Investors Multi-Style
$ _________ Allianz NFJ Dividend Value
$ _________ Allianz NFJ International Value
$ _________ Allianz NFJ Small-Cap Value
$ _________ Allianz OCC Growth
$ _________ PIMCO All Asset
$ _________ PIMCO Money Market
$ _________ PIMCO Total Return
$ _________ PIMCO Real Return
$ _________ PIMCO Short Term
$ _________ TIAA-CREF International Equity Index
$ _________ TIAA-CREF Mid-Cap Value
$ _________ TIAA-CREF Small-Cap Blend Index
$ _________ TIAA-CREF S&P 500 Index

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

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

V. Telephone Privileges: Exchanges and Withdrawals (optional)

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.

You must allocate a minimum of $50 per portfolio/month for Auto-Invest accounts

☐ decline *telephone exchanges*: ☐ by myself or any person.
☐ decline *telephone withdrawals*: ☐ by myself or any person.

If you do not decline the telephone privileges above, the Program Administrator may accept telephone instructions from any person identifying himself as the owner of an account or the owner's dealer representative provided that the Program Administrator believes the instructions to be genuine, and thus you risk possible losses in the event of a telephone request

All Investment Portfolios can be exchanged and reallocated, not more than twice per calendar year (applicable for 2009) 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.

VI. FundLink[sm] Options (optional)

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 below.

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

VII. Auto-Invest (optional)

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

$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 Program Administrator without prior notice if any check is not paid upon presentation. The Program 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 Program Administrator upon thirty (30) days written notice prior to any investment date or by the undersigned at any time by written notice to the Program Administrator, provided such notice is received at least ten (10) business days prior to the due date of any investment.

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

(Medallion Signature Guarantee Required—See Section X)

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.) Account Number

Bank Name and Address

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).

Tape voided check or deposit slip here.

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 Statement of Intent is 5% of the aggregate amount to be contributed.

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

☐ **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.

Existing Account Name	Account Number
Existing Account Name	Account Number

☐ **Letter of Intent**

I agree to the Letter of Intent conditions stated in the current Plan Disclosure Statement. I intend to invest, within a 13-month period begining ___________ (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:

☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

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

X. Signature and Agreement of Account Owner (required)

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 Program, 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 PROGRAM 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	Date

Medallion Signature Guarantee—Required if Section II or VIII are completed.

To be filled out by financial advisor.

XI. Dealer Information (required)

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.

Send completed form(s) to either:

■ **via U.S. Mail:** Oklahoma Dream 529 Plan, P.O. Box 55173, Boston, MA 02205-5173

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