

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 (CAFRB).

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

Make check payable to:
Oklahoma Dream 529 Plan.

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.

OklahomaDream529sm

This form is for existing Account Owners, and may be used to purchase additional units (Classes A and 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, call your Oklahoma Dream 529 Plan Investor Services Representative toll-free, Monday–Friday, 8:00am–8:00pm Eastern 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, P.O. Box 55173, Boston, MA 02205-5173.**
- via *overnight courier*: Oklahoma Dream 529 Plan, c/o: Boston Financial Data Services, Inc., 30 Dan Road, Canton, MA 02021-2809, Phone: 877-529-9299.

1. Account Owner Information

Individual/Primary Account Owner (or Custodian)

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

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 Account(s) and Portfolio(s):

Portfolio Name	Account Number (if an existing account)	Contribution Amount
Portfolio Name	Account Number (if an existing account)	Contribution Amount
Portfolio Name	Account Number (if an existing account)	Contribution Amount

Total Amount Invested \$ _____

3. 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 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 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