

Account Application

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

(Intended for Oklahoma Residents)

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 to record information that identifies each person who opens an account.

What does this mean to 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.

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.

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, 7:30am–5:00pm Central Time, toll-free, at 1-877-529-9299.

Mailing instructions:

via regular mail:

Oklahoma Dream 529 Plan
PO Box 219049
Kansas City, MO 64121-9049

via overnight mail:

Oklahoma Dream 529 Plan
430 W 7th Street STE 219049
Kansas City, MO 64105-1407

1. Account Owner Information

Account Owner/Custodian/Entity

Are you funding this account with cash proceeds from the sale of assets held in UGMA or UTMA 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

Note: If establishing a Corporation account, please also submit a completed Certification of Beneficial Owners Form.

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

(Copy of photo ID required)

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

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.

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 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 (including contributions in Oklahoma 529 College Savings Plan). **Make check payable to: Oklahoma Dream 529 Plan.**

Class A Unit purchases:

See Plan Disclosure Statement to learn more about who qualifies to purchase at net asset value (NAV).

Class C Unit purchases:

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

2. Designated Beneficiary (Future Student)

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 (required): U.S. Citizen Resident Alien (Copy of photo ID required)

3. Successor Owner

Successor Owner (optional)

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

Citizenship of Successor Owner: U.S. Citizen Resident Alien (Copy of photo ID required)

4. Your Investment (You may choose up to five of the investments listed below)

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*

*Class C units are only available for purchase into accounts that have a broker of record.

Section 11 must be completed.

- I am entitled to buy Class A Units at NAV because (explain) _____
Employees of Brokerage Firms Please Read.
- By checking this box, I certify that I am a registered representative or full-time employee of a participating broker-dealer (or spouse of such individual), and therefore qualify to purchase units at net asset value (NAV) as outlined in the Plan Disclosure Statement and the Participation Agreement.

Dealer Firm Name _____

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:

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

Total Amount Invested \$ _____ or _____%

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 \$ _____ or _____%
- Capital Preservation \$ _____ or _____%
- \$ _____ or _____% **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).

- \$ _____ or _____ % AllianzGI Best Styles International Equity
- \$ _____ or _____ % AllianzGI Best Styles U.S. Equity
- \$ _____ or _____ % AllianzGI Global Allocation
- \$ _____ or _____ % AllianzGI Income & Growth
- \$ _____ or _____ % PIMCO Income
- \$ _____ or _____ % PIMCO Real Return
- \$ _____ or _____ % PIMCO Short Asset Investment
- \$ _____ or _____ % PIMCO Total Return
- \$ _____ or _____ % TIAA Small Cap Blend Index
- \$ _____ or _____ % TIAA U.S. Large Cap Equity
- \$ _____ or _____ % **Total Amount Invested**

Total amount invested (for all investment options) \$ _____ or _____ %

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, 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.

All Investment Portfolios can be exchanged and reallocated, twice 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 made payable only to the Account Owner, the Designated Beneficiary, an Eligible Educational Institution or to an existing bank account on record. A Medallion Signature Guarantee is required if the payment is being sent to a person other than the Account Owner or to an address or bank account that differs from the address or bank account on record.

IMPORTANT NOTES ABOUT AUTOMATIC INVESTMENTS

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

There is a \$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

By checking the box above, I understand purchases made within the prior 90 days will be included in the aggregate amount indicated above and therefore will count toward the fulfillment of this LOI. Furthermore, I understand that the established date of this LOI will be the date of the earliest purchase which occurred within the past 90 days. If this box is **not** checked the LOI will not be credited with the purchases made within the prior 90 days.

List Class A Units purchased within the past 90 days below.

Fund Name	Account Number	Date of Initial Purchase

Fund Name	Account Number	Date of Initial Purchase

I agree to the conditions of the Letter of Intent as 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 on _____ (initial purchase date), in Class A of the OklahomaDream 529 Plan purchased with this application and one or more of the other Investment Portfolios listed in Section 4 above, an aggregate amount which, together with the value of Class A of any of the Investment Portfolios purchased by me on the initial purchase date, will be at least equal to:

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

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*: I decline *telephone withdrawals*:

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 account, in the amount and in the Investment Portfolio indicated below.

Note: If a frequency option is not selected, the bank draft will be automatically scheduled for monthly processing.

Portfolio Name _____	Amount _____
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Portfolio Name _____	Amount _____
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Portfolio Name _____	Amount _____
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Tape voided check or deposit slip here.

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

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

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

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 if I did not complete the section titled, "Dealer Information", I certify that there is no financial advisor associated with this account and that I take full responsibility for all investment selections made.

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.

Sign exactly as the account is to be registered.

Section 11 is to be completed by your financial advisor.

Signature of account owner

Date

11. Dealer Information (Must be completed if purchasing Class C Units.)

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).

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.