

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.

Please include documentation detailing a breakdown of contributions and earnings if your proceeds are from an indirect rollover.

Minimum contribution: \$50 (per portfolio). New portfolio minimum: \$250. Maximum balance limit: \$300,000 per beneficiary.

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.

Oklahoma Dream 529

This form is for existing Account Owners, and may be used to purchase additional units (Classes A or 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, contact an Oklahoma Dream 529 Plan Investor Services Representative toll-free, Monday–Friday, 7:30am–5:00pm Central 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
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/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

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

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 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 Plan, 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 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 officer

Date