



NEVADA PREPAID TUITION OPEN ENROLLMENT FORM

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INSTRUCTIONS

1. Complete all sections of the open enrollment form. A separate open enrollment form must be submitted for each child along with a one-time \$100 enrollment fee per child. If you need additional information call toll free 1-888-477-2667 or visit our website at: <http://nevadatreasurer.gov>
2. Enclose a check or money order made payable to: **Nevada Prepaid Tuition Program**, in the amount of \$100 per enrollment form plus any additional monies if down payment opted. Your open enrollment form **will not** be accepted without this fee. If you choose to pay by credit card, complete Section VII. **The enrollment fee is not refundable.**
3. **Payments will be due the 15th of each month starting May 15, 2010.**
4. Mail the completed open enrollment form, \$100 fee, and any necessary payments to: Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600, Las Vegas, Nevada 89101. If you choose a down payment option (minimum \$1000) you must include both the down payment and the enrollment fee. **Enrollment forms must be postmarked by February 28th to ensure 2010 price schedule.** Enrollment forms for newborns less than one year of age will be accepted until June 30, 2010.

SECTION I. Purchaser Information

Please complete the following information about yourself, the person purchasing the Nevada Prepaid Tuition Program contract. The Purchaser is the owner of the contract and must meet the qualifications of a Purchaser in the Master Agreement. (If the contract is canceled, the Purchaser is entitled to any refund).

PURCHASER NAME Mr. Mrs. Miss Ms. Dr.

Last	First	M.I.

If Purchaser is an organization, please indicate type: Corporation Trust Non-profit Foundation Partnership Other

Organization Name

ADDRESS

Number and street, including apartment number

City	State	Zip	County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER/TAX ID #

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DAY TELEPHONE

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EVENING TELEPHONE

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Is the Purchaser or Beneficiary a Nevada resident, a graduate, or the child or grandchild of a graduate of a Nevada school of higher education?

Yes No (You must answer "Yes" to be eligible to enroll.)

SECTION II. Purchaser Legal Successor Information (Optional)

The Purchaser Legal Successor rights are limited solely to control of the contract upon the death of the Purchaser. The Purchaser's Legal Successor may receive contract information but cannot make any changes to the contract.

NAME Mr. Mrs. Miss Ms. Dr.

Last	First	M.I.

ADDRESS

Number and street, including apartment number

City	State	ZIP	County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

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DAY TELEPHONE

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EVENING TELEPHONE

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2010*

SECTION III. Beneficiary Information

The Beneficiary is the person for whom you are buying the contract. Please complete the following information about him or her. Be sure to supply the Beneficiary's Social Security Number.

NAME

Last

First

M.I.

ADDRESS

Number and street, including apartment number

City

State

Zip

County (i.e. Clark, Washoe, etc.)

SOCIAL SECURITY NUMBER

HOME TELEPHONE

Sex: Male Female

Date of Birth:

Month

Day

Year

Please check Beneficiary's age or current grade in school and projected college entrance year as of **September 30, 2009**.

- | | | | |
|---|--|--|---|
| 1. <input type="checkbox"/> Newborn (2027) | 5. <input type="checkbox"/> 4 year old (2023) | 9. <input type="checkbox"/> Second (2020) | 13. <input type="checkbox"/> Sixth (2016) |
| 2. <input type="checkbox"/> 1 year old (2026) | 6. <input type="checkbox"/> 5 year old, not in school (2023) | 10. <input type="checkbox"/> Third (2019) | 14. <input type="checkbox"/> Seventh (2015) |
| 3. <input type="checkbox"/> 2 year old (2025) | 7. <input type="checkbox"/> Kindergarten (2022) | 11. <input type="checkbox"/> Fourth (2018) | 15. <input type="checkbox"/> Eighth (2014) |
| 4. <input type="checkbox"/> 3 year old (2024) | 8. <input type="checkbox"/> First (2021) | 12. <input type="checkbox"/> Fifth (2017) | 16. <input type="checkbox"/> Ninth (2013) |

Beneficiary relationship to Purchaser (check one)

1. Child 2. Grandchild 3. Friend 4. Other _____

SECTION IV. Choice of Tuition Plans

Please indicate the number of semesters you wish to purchase.

- | | |
|---|--|
| 1. <input type="checkbox"/> 4 Year University Plan: 4 Years University
(120 semester credit hours) | 4. <input type="checkbox"/> Community College Plus University Plan:
2 Years Community College and 2 Years University
(120 semester credit hours) |
| 2. <input type="checkbox"/> 2 Year University Plan: 2 Years University
(60 semester credit hours) | 5. <input type="checkbox"/> 2 Year Community College Plan:
2 Years Community College
(60 semester credit hours) |
| 3. <input type="checkbox"/> 1 Year University Plan: 1 Year University
(30 semester credit hours) | |

SECTION V. Payment Schedule

Please select your payment option and indicate if you are making a down payment.

(Note: Down payments must be a minimum of \$1000 and must be included with your open enrollment form. You must also choose one of the monthly payment options)

- Single, Lump Sum 5 Years/60 months (available for the 7th grade or below) Extended Monthly (until high school graduation)
- Down Payment Amount of down payment \$ _____

If selecting an option including monthly payments, indicate your preference between paying via automated bank withdrawal (ACH) or coupon book.

- Automated Bank Account Withdrawal or Payroll deduction form (fill out form on website) Coupon Book (a book will be sent to you)



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2010*

SECTION VI. Optional Information

You are **NOT** required to complete **ANY PART** of this section. However, your responses will help us plan for future open enrollment periods.

How did you learn about the Nevada Prepaid Tuition Program? (Select one option.)

- Newspaper Television Radio Friends/Relatives School Presentation Website Employer Bank Library Medical Office
- Government Office Daycare Legal Office Convenience Store Fair Other

Educational level of the Purchaser (Select highest level completed.)

- High school graduate GED Associate's degree Bachelor's degree Master's degree Ph.D. Other (specify) _____

Race of Student

- Caucasian African-American Hispanic Native American Asian Other (specify) _____

Annual Family Income

- Less than \$20K \$20K - 29,999 \$30K - 39,999 \$40K - 49,999 \$50K - 79,999 \$80K - 100K Over \$100K

SECTION VII. Authorization

I hereby certify under penalty of perjury that the above information on this open enrollment form is true and accurate to the best of my knowledge. I acknowledge that a substantial fee may apply for contract termination resulting from material misrepresentation on this Nevada Prepaid Tuition Program open enrollment form. In signing below, I am agreeing to all terms and conditions of the Master Agreement and Program Description.

Signature of Purchaser

Date

Please print full name

E-mail address

*Enrollment is open from December 1, 2009 through February 28, 2010. The contract prices shown are based on current actuarial assumptions (such as tuition costs and investment returns). Changes to these assumptions may result in contract adjustments including, but not limited to, shortening the enrollment period and changing or withdrawing contract prices. Notification of such changes will be posted pursuant to NAC 353B.200, as well as on the Treasurer's website at: www.nevadatreasurer.gov.

Pursuant to NRS 353B.130, your contract is not an obligation of the State of Nevada and neither the full faith and credit nor taxing power of the State is pledged directly or indirectly or contingently, morally or otherwise, to the payment of the contract. The Board cannot directly or indirectly or contingently obligate morally or otherwise, the State to levy or pledge any form of taxation whatsoever or to make any appropriation for the payment of the contract.

Credit Card Information (For Payment of Enrollment Fees, Down Payments, and Lump Sum Payments Only).

- Visa MasterCard Discover

Credit Card Number

Month Year

Expiration Date

Please check all that apply and designate the amount

- \$100 Enrollment Fee
- Lump Sum Contract Payment Amount \$ _____
- Down Payment (Minimum \$1000) Amount \$ _____

Signature of Credit Card Holder

For Office Use Only

- \$100 None Payment \$ _____ Check Number _____/_____ Check Amount _____/_____
- Credit Card Credit Card Approval # _____
- Down Payment Amount \$ _____ Multiple Forms _____ of _____
- Dcode _____ Date _____