Enrollment Form

Important information about opening a new account:

- Carefully read the **Plan Disclosure Booklet** before completing this form.
- Use this form to open an individual or UTMA/UGMA college savings account for yourself or a beneficiary. Please use the **Entity Enrollment form** to open an Entity account.
- There's a $25 minimum contribution to open an account and a $400,000 maximum account balance.
- If you connect a bank account, the Account Owner or Beneficiary (if applicable) must own the banking account.
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together.

Want an easier way to enroll?
Go online to www.embarksavings.com and use your email to set up an account.

Need help?
Give us a call Monday – Friday from 6am – 5pm PT at
1-866-772-8464

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:
Embark
P.O. Box 534440
Pittsburgh, PA 15253-4440

Overnight Mail:
Embark
Attention: 534440
1350 Penn Avenue, Suite 102
Pittsburgh, PA 15222

1 Are you funding the new account with a rollover?

◯ Yes (Please fill out and include the applicable **Rollover Form**.

◯ No

2 Account type

◯ Individual

◯ UTMA/UGMA under _____ state's rules
State

3 Account Owner/Custodian information

_____
Name (First and last)

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

How do you identify? ◯ As she ◯ As he ◯ Choose not to identify

__ __ __ – __ __ – __ __ __ __
Social Security or Taxpayer Identification Number

__ __ __ – __ __ __ – __ __ __ __
Telephone number

Residential address
No PO Boxes are accepted for a residential address.

_____ _____
Street address 1 **Street address 2**

_____ _____ __ __ __ __ __ – __ __ __ __
City **State** **ZIP Code**

4 Work information

Providing employment information for the Account Owner/Custodian will help us understand how the account is being funded.

What is your work status? (Select one)

- ◯ Employed
- ◯ Self-Employed
- ◯ Retired or Not Working

A What's your occupation (Select one)

Answer if **employed** or **self-employed**:

- ◯ Accounting/Auditing
- ◯ Admin/Clerical
- ◯ Art/Antiques Dealer
- ◯ Banking Professional
- ◯ Car/Boat/Airplane Dealer
- ◯ Casino/Gaming
- ◯ Construction/Skilled Trade
- ◯ Creative/Design/ Architectural
- ◯ Defense/Military
- ◯ Editorial/Writing/Publishing
- ◯ Education
- ◯ Elected Official/Embassy
- ◯ Engineering/Science/R&D
- ◯ Entertainment/Sports/Arts
- ◯ Financial Services
- ◯ Health Care Professional
- ◯ Hospitality/Food
- ◯ Independent Investor
- ◯ Information Technology
- ◯ Insurance
- ◯ Legal Services
- ◯ Manufacturing/Production
- ◯ Nonprofit Executive
- ◯ Operations
- ◯ Other:

_____

(Please write in your occupation)

- ◯ Public Service
- ◯ Retail/Sales/Real Estate
- ◯ Student
- ◯ Transportation/ Warehousing

B Please choose all of your sources of income (Select all that apply)

Answer if **retired or not working**:

- ◯ Retirement Savings
- ◯ Spousal Support
- ◯ Social Security or Pension
- ◯ Other Government Services
- ◯ Other:

_____

(Please write in all other sources)

5 Beneficiary information

This account is designed to be used for the Beneficiary's qualified education expenses, as described in the **Plan Disclosure Booklet**. For an UGMA/UTMA account, the Beneficiary will become the Account Owner when the Beneficiary reaches the age of majority.*

Is the Account Owner also the Beneficiary?
Individual accounts can always add or change the Beneficiary as long as the new Beneficiary qualifies as a "Member of the Family."

◯ Yes (Leave Beneficiary information blank and continue to **Step 6**)

◯ No (Fill out the information below)

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

How do they identify? ◯ As she ◯ As he ◯ Choose not to identify

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

Relationship to the Account Owner/Custodian

◯ Child ◯ Spouse ◯ Grandchild ◯ Other relative ◯ Non-relative

Residential address

No PO Boxes are accepted for a residential address.

◯ Residential address is the same as the Account Owner/Custodian
(Leave address information below blank)

_____ _____

Street address 1 **Street address 2**

_____ _____ __ __ __ __ __ – __ __ __ __

City **State** **ZIP Code**

* The age of majority for most states is 18, with the following exceptions: Alabama (19), Mississippi (21), Nebraska (19).

6 Successor Owner information (Optional)

Complete this step only if you selected individual on Step 2.

The Successor Owner must be at least 18 years old and is eligible to become the Account Owner in the event the original Account Owner becomes incapacitated.

Do you want to add a Successor Owner?
You can always add or change the Successor Owner at any time (on individual accounts).

◯ Yes

◯ No (Leave Successor Owner information blank and continue to **Step 7**)

_____

Name (First and last)

__ __ / __ __ / __ __ __ __
Date of birth (mm/dd/yyyy)

__ __ __ – __ __ – __ __ __ __
Social Security or Taxpayer Identification Number

7 Communication preferences

Mailing address

PO Boxes are accepted for a mailing address.

◯ Use the Account Owner/Custodian's residential address as the mailing address
(Leave address information below blank)

Street address 1 _____ Street address 2 _____

City _____ State _____ ZIP Code __ __ __ __ __ – __ __ __ __

Choose how you want to receive statements and tax forms for all the accounts you manage (Select one)

◯ Send digital tax forms, account information and quarterly statements by email
(Please answer **Step 7A** below)

◯ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
(Please answer **Step 7A** below)

◯ Send quarterly statements, account information and tax forms by U.S. mail*
(The account will be charged $10 per account, per year)

A **What email address should we use?**
Answer if you've chosen to receive items by email

Email _____

* All documents sent by U.S. mail will be mailed to the account's mailing address.

8 Contribution information

There's a $25 minimum contribution to open an account and a minimum $5 contribution to each separate portfolio you select. You can connect a bank account or include a check **(Step 10)**.

You can select as many portfolios you want to for your initial and future contributions. You can view your portfolio allocations at any time or change your investment strategy up to twice per calendar year.

For a full list of all the portfolio options, please go online or see the **Plan Disclosure Booklet** for important information about the investment options before making a decision.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	Amount
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __

How are you making this contribution?

$__ __ __ , __ __ __ . __ __
Total contribution amount

◯ Check (Please include a check made out to the Plan with a paper clip, do not staple)

◯ ACH deposit (Please fill out **Step 10**)

Promotional Code

If you have a promo code, enter it here. _____

9 Monthly contributions (Optional)

There's a $5 minimum contribution to each portfolio you select. This will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account (from **Step 10**) each month on the day you indicate for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by completing a **Manage Monthly Contributions Form**; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Would you like to make recurring monthly contributions?

◯ Yes (Please complete this step and continue to **Step 10**)

◯ No (Leave the information below blank and continue to **Step 11**)

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the **Portfolio Options Appendix** at the end of this form for a list of all portfolio names and codes.

Code	Portfolio name	Amount
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __

__ __

Day of the month (1 – 28) If you don't pick a date, we'll automatically do it on the 1st of every month

$__ __ __ , __ __ __ . __ __

Total contribution amount

10 Bank account information (Optional)

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement showing the name, address, last 4 digits of the bank account number and complete the bank information below. Please do not staple, use a paper clip for the check.

What type of documentation are you including to verify this bank account?

◯ Voided check

◯ Bank statement

Name on bank account
The Account Owner/Custodian or Beneficiary must own the bank account connected to the Plan account.

Bank Account Holder Signature
(If different from the Plan Account Owner/ Custodian)

Bank account type ◯ Checking ◯ Savings

Bank name

Bank routing number

Bank account number

Need help?
You can find your bank information on the bottom of one of your checks here:

Routing Number | Account Number

11 Verify your identity

The Account Owner/Custodian must provide identification.

How to provide identification

Acceptable ID Documentation	
Option A Include a copy of a Department of Motor Vehicles State ID	Option B Include a copy of both your Social Security card and your birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.

12 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Plan Disclosure Booklet**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I have received, read and understand the **Plan Disclosure Booklet**.

I will retain a copy of the **Plan Disclosure Booklet** for my records. I understand that the Plan may, from time to time, amend the **Plan Disclosure Booklet**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this **Enrollment Form** is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

I understand that the Plan will send all notices and communications relating to my account in accordance with the communication preferences identified in **Step 7**. I will notify the Plan of changes to my mailing address or email address and if my communication preferences change.

I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).

I understand that the Plan may, from time to time, amend the **Plan Disclosure Booklet** and I understand and agree that I will be subject to the terms of those amendments.

If I have enclosed the appropriate **Rollover Form** and check for an indirect rollover. I also certify that this amount was withdrawn from another qualified tuition program, a Coverdell Education Savings Account (CESA), or a qualified U.S. Savings Bond within the last 60 days and that I have not previously made a rollover for the same Beneficiary from one qualified tuition program to another within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.

If I have provided banking information in **Step 10**, I authorize the Plan to debit my bank account and to deposit such funds into my Plan account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

I am aware that by providing banking information, I also authorize the Plan to automatically provide certain capabilities in connection with my account(s). This includes the ability to authorize withdrawals from my accounts via telephone or through this website provided my banking information has been on file for a minimum of 30 days. If I wish to remove these capabilities from my account(s), I must remove my banking information.

Signature of Account Owner/Custodian _____ **Date** (mm/dd/yyyy) _____

Appendix – Embark Portfolio Options

For descriptions and details about all of these portfolio options, please go online to www.embarksavings.com or see the **Plan Disclosure Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

College Enrollment Year

Code	Portfolio Name
ORC45	Enrollment Year 2045
ORC44	Enrollment Year 2044
ORC43	Enrollment Year 2043
ORC42	Enrollment Year 2042
ORC41	Enrollment Year 2041
ORC40	Enrollment Year 2040
ORC39	Enrollment Year 2039
ORC38	Enrollment Year 2038
ORC37	Enrollment Year 2037
ORC36	Enrollment Year 2036
ORC35	Enrollment Year 2035
ORC34	Enrollment Year 2034
ORC33	Enrollment Year 2033
ORC32	Enrollment Year 2032
ORC31	Enrollment Year 2031
ORC30	Enrollment Year 2030
ORC29	Enrollment Year 2029
ORC28	Enrollment Year 2028
ORC27	Enrollment Year 2027
ORC26	Enrollment Year 2026
ORC25	Enrollment Year 2025
ORC24	Enrollment Year 2024
ORC23	Enrollment Year 2023
ORC22	Enrollment Year 2022
ORC21	Enrollment Year 2021

Static Portfolios

Code	Portfolio Name
ORCCO	Target Risk – Conservative
ORCMO	Target Risk – Moderate
ORCAG	Target Risk – Aggressive
ORCDU	Diversified U.S. Equity
ORCDI	Diversified International Equity
ORCDF	Diversified Fixed Income
ORCIN	Diversified Inflation Protection
ORCBI	Balanced Index
ORCSC	Social Choice Balanced
ORCSF	Short-Term Fixed Income Index
ORCUE	U.S. Equity Index
ORCIE	International Equity Index
ORCFI	Fixed Income Index
ORCXX	FDIC-Insured Option

The investment information on this page has been provided by Sellwood Investment Partners, the investment advisor for Embark. Before you make a decision, review the Plan Disclosure Booklet to learn about the important details and risks of each investment option.