Entity 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 entity-owned Embark 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 Entity Account Owner, Trust or Beneficiary (if applicable) must own the banking account.
- You can add a Beneficiary later by using the **Change Beneficiary Form**, as long as they qualify as an eligible "Member of the Family."
- Please type or print clearly in capital letters, and use black ink. Do not staple the sheets together.

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**. You can find forms at www.embarksavings.com)

◯ No

2 Entity Account Owner information

Type of entity (Select one)

- ◯ Trust or Estate (Foreign Trusts are not eligible)
- ◯ Business entity (Corporation, Partnership, Company or Association)
- ◯ Internal Revenue Code (IRC) Section 501(c) (3) Organization
- ◯ State or Local Government, or Agency or Instrumentality thereof

Type of account (Select one)

- ◯ Entity account for named Beneficiary
- ◯ Qualified scholarship account for named Beneficiary
- ◯ Qualified scholarship account for unnamed Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c) (3) Organization)

_____

Entity name

__ __ __ – __ __ – __ __ __ __

Federal Tax Identification Number/TIN/EIN (Provide one)

__ __ / __ __ / __ __ __ __

Date of Certification/Incorporation/Trust (mm/dd/yyyy)

__ __ __ – __ __ __ – __ __ __ __

Entity telephone number

Entity address

Principal place of business or local office address (No PO boxes are accepted).

_____ _____

Street address 1 **Street address 2**

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

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

3 Authorized Representative information

An Entity Account Owner must designate an Authorized Representative to act on its behalf and must provide their Social Security Number or Taxpayer Identification Number.

_____

Name (First and last)

_____

Title, Role or Position

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

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

__ __ __ – __ __ __ – __ __ __ __

Telephone number

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

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

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

4 Beneficiary information

The Beneficiary is the individual who will receive the proceeds for this account. The Beneficiary must be a U.S. citizen or resident alien. They must have a Social Security Number or Taxpayer Identification Number and a residential address.

Note: A Beneficiary must be named for all types of accounts, except for Qualified Scholarship accounts opened by an IRC Section 501(c)(3) that will name a Beneficiary in the future.

_____

Name (First and last)

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

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

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

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

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

5 Beneficial Owner(s) information

We are required to verify the identity of Beneficial Owners that own at least 25% of the Entity for any legal Entity registering for an Embark account.

◯ The Authorized Representative listed in **Step 3** is also a Beneficial Owner who owns more than 25% of the Entity

Percentage of ownership (optional)**:** ___ ___ ___ %

Beneficial Owner 1

_____

Name (First and last)

_____

Title, Role or Position

___ ___ ___ – ___ ___ – ___ ___ ___ ___

Social Security or Taxpayer Identification Number

___ ___ / ___ ___ / ___ ___ ___ ___

Date of birth (mm/dd/yyyy)

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

___ ___ ___ – ___ ___ ___ – ___ ___ ___ ___

Telephone number

Percentage of ownership: ___ ___ ___ %

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

_____ _____ ___ ___ ___ ___ ___ – ___ ___ ___ ___

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

Beneficial Owner 2

_____

Name (First and last)

_____

Title, Role or Position

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

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

__ __ __ – __ __ __ – __ __ __ __

Telephone number

Percentage of ownership: __ __ __ %

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

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

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

Beneficial Owner 3

_____

Name (First and last)

_____

Title, Role or Position

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

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

__ __ __ – __ __ __ – __ __ __ __

Telephone number

Percentage of ownership: __ __ __ %

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

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

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

Beneficial Owner 4

_____

Name (First and last)

_____

Title, Role or Position

__ __ __ – __ __ – __ __ __ __

Social Security or Taxpayer Identification Number

__ __ / __ __ / __ __ __ __

Date of birth (mm/dd/yyyy)

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

__ __ __ – __ __ __ – __ __ __ __

Telephone number

Percentage of ownership: __ __ __ %

Residential address

No PO boxes are accepted for a residential address.

_____ _____

Street address 1 **Street address 2**

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

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

6 Communication preferences

Mailing address

PO boxes are accepted for mailing address.

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 6A** below)
- ◯ Send digital quarterly statements and account information by email, but send tax forms by U.S. mail*
  (Please answer **Step 6A** 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, this should be the Authorized Representative's email address.

Email _____

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

7 Contribution information

There's a $25 minimum contribution to open an account and a minimum contribution of $5 for each separate portfolio you select. You can connect a bank account (**Step 9**) or include a check made out to Embark.

For a full list of all the portfolio options, please go online to www.embarksavings.com 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 Embark with a paper clip, do not staple)

◯ ACH deposit (Please fill out **Step 9**)

8 Monthly contributions (Optional)

There's a $5 minimum to each portfolio you wish to contribute to. This will authorize us to initiate recurring ACH debits (direct withdrawals) from the Entity's bank account (from **Step 8**) 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 using 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 9**)

◯ No (Leave the information below blank and continue to **Step 10**)

For a full list of all the portfolio options, please go online to www.embarksavings.com 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
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __
__ __ __ __ __	_____	$__ __ __ , __ __ __ . __ __

__ __

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

9 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
If you decide to connect a bank, the full name on the bank account needs to be the same as either the Trust or Entity.

Signature of individual authorized to act on behalf of the bank account

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:

⑆000000000⑆ 000000000000⑈ 1000

Routing Number | Account Number

10 Verification documentation checklist

To help the government fight the funding of terrorism and money laundering activities, the following evidence must be provided along with this form:

☐ Documentation verifying the existence of the Entity or Trust listed in **Step 2** (See List of Acceptable Documentation for Entities and Trusts)

☐ Documentation verifying the identity of the Authorized Representative listed in **Step 3** and each Beneficial Owner listed in **Step 5** (See List of Acceptable Documentation for Verifying Individuals)

☐ Documentation that proves each Beneficial Owner listed in **Step 5** is a Beneficial Owner of the Entity or Trust (See List of Approved Documents for Substantiation by Entity Account Owners)

11 Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Participation Agreement** (contained in the **Plan Disclosure Booklet**). I understand and agree that those documents govern all aspects of this account and are herein incorporated by reference. I hereby establish, as the Authorized Representative of the above named Entity, an account representing an interest in Embark for the Beneficiary to be named on this application, and enter into this **Participant Agreement** (this "agreement") relating to the account with Embark. The Oregon College Savings Plan Board (the "Board") is the Trustee of the Trust (the "Trustee"). I understand that the Trustee has retained Vestwell Government Savings, LLC, an indirect, wholly owned subsidiary of Vestwell Holdings Inc. ("Vestwell"), as the plan manager (the "Plan Manager") for Embark (the "Plan") and that this agreement is subject to and incorporates by reference the information concerning the Trust, the Plan, and the terms applicable to my account, contained in the **Plan Disclosure Booklet** and its Appendix (the "Disclosure Booklet"), as modified from time to time. Each capitalized term used, but not defined in this agreement, has the meaning of the term provided in the **Plan Disclosure Booklet**.

- I certify that all of the information provided by me on this 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 on this information.
- I understand that the initial and monthly contributions for this account will be invested using the instructions I provided in **Step 7** and **8**.
- If I am opening a Trust account, I certify that the Trust continues to be in effect and that the named trustees have not been replaced.
- If I am opening a 501(c)(3) organization account, I certify that the letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect, and that the named individuals have not been replaced.
- I understand that the Plan may from time to time amend the **Participation Agreement** and the **Plan Disclosure Booklet** and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the **Plan Disclosure Booklet**.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another 529 College Savings account, Coverdell Education Savings account (CESA), or 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.
- If I have provided banking information in **Step 9**, I authorize Embark to debit the Entity's bank account and to deposit such funds into the Entity's 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 will retain a copy of this form, the **Plan Disclosure Booklet** and the **Participation Agreement** with my records.

Signature of Authorized Representative of Entity _____ **Date** (mm/dd/yyyy) _____

List of Acceptable Documentation for Entities and Trusts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **Entity Enrollment Form**. These documents are required to open an account and to establish the identity of the Entity Account Owner.

Type of Entity	**Documentary Evidence**
Corporation	Certified Articles of Incorporation or a government-issued business license
Trust	Copy of the first and last pages of the Trust Instrument
Partnership	Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	Copy of the LLC Agreement
Estate	Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501 (c) (3)	Copy of the letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3)
State or Local Government, or Agency or Instrumentality thereof	Copy of your organization's official charter, creation, incorporation, or nonprofit status as defined by your State's laws

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the **Plan Disclosure Booklet**.

List of Acceptable Documentation for Verifying Individuals

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, including 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 the identity of an individual, we may have to close your account or take other steps we think are necessary.

List of Approved Documents for Substantiation by Entity Account Owners

Substantiation is required from an Entity Account Owner when opening an account or when conducting a transaction for that account. Such documentation must include the following:

- the legal status of the entity;
- authorization by the entity to open the account or conduct the transaction; and
- authorization by the entity for the signer of the form to open the account or conduct the transaction.

The same document may provide substantiation of all three required elements.

Approved documents:

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);

continued from page 15

- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency.

If the Entity Account Owner is unable to provide substantiation in any of the foregoing forms: The Entity Account Owner may propose an alternate form of substantiation to the Plan administrator's designee for consideration. The Plan administrator's designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.

- If judged authentic and complete, the Plan administrator's designee must act on the alternate form of substantiation within 30 business days of so determining.
- If judged inauthentic or incomplete, the Plan administrator's designee must notify the Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.

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.