



2013 * NEVADA PREPAID TUITION OPEN ENROLLMENT FORM

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://NVPrepaid.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 is selected. Your open enrollment form **will not** be accepted without this fee. If you choose to pay by credit card or electronic transfer, complete Section VII. **The enrollment fee is not refundable.**
3. 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 \$1,000) you must include both the down payment and the enrollment fee. Enrollment forms must be postmarked by February 28th to ensure 2013 prices. **Payments will be due the 15th of each month starting May 15, 2013. Enrollment forms for newborns less than one year of age will be accepted until June 30, 2013.**

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.

		M.I.
Last	First	

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 #	HOME PHONE	CELL PHONE	

E-MAIL ADDRESS

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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.

		M.I.
Last	First	

ADDRESS

Number and street, including apartment number									
City	State	ZIP	County (i.e. Clark, Washoe, etc.)						

SOCIAL SECURITY NUMBER	HOME PHONE	CELL PHONE	



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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, City, State, Zip, County), SOCIAL SECURITY NUMBER, HOME PHONE, Sex, 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, 2012.

- 1. Newborn (2030) 5. 4 year old (2026) 9. Second (2023) 13. Sixth (2019)
2. 1 year old (2029) 6. 5 year old, not in school (2026) 10. Third (2022) 14. Seventh (2018)
3. 2 year old (2028) 7. Kindergarten (2025) 11. Fourth (2021) 15. Eighth (2017)
4. 3 year old (2027) 8. First (2024) 12. Fifth (2020) 16. Ninth (2016)

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. 4 Year University Plan: 4 Years University (120 semester credit hours)
2. 2 Year University Plan: 2 Years University (60 semester credit hours)
3. 1 Year University Plan: 1 Year University (30 semester credit hours)
4. Community College Plus University Plan: 2 Years Community College and 2 Years University (120 semester credit hours)
5. 2 Year Community College Plan: 2 Years Community College (60 semester credit hours)

SECTION V. Payment Schedule

Please select your payment option and indicate if you are making a down payment. (Note: Down payments are optional, 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 payment preference below:

- Automated Bank Account Withdrawal (available on website) Coupon Book (a book will be sent to you)
Payroll Deduction (choose your current employer from the participating payroll departments below and a form will be sent to you. Contact your payroll office if your employer is not listed below and you are interested in setting up payroll deduction).
City of Las Vegas Douglas County LV Water District NV Energy Public Employees Retirement System (currently work for)
State of Nevada: Central State of Nevada: LCB University of Nevada, Reno David White, DDS Great LV Association of Realtors



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SECTION VI. General Information

You are not required to complete this section. However, your responses will help us use our limited marketing dollars more effectively.

How did you learn about the Nevada Prepaid Tuition Program? (Select all that apply)

- Television, Radio, Friends/Relatives, School Event, Prepaid Website, Employer, Daycare Facility, Library, Online Advertisement, Billboard, Mailer, School Banner, Sporting Event, Social Media, Prepaid Tuition Vehicle, Community Event, Other(specify)

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

Please print full name

Date

*Enrollment is open from December 1, 2012 through February 28, 2013. 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).

Per Nevada Revised Statute 353.1467, a payment in the amount of \$10,000 or more must be submitted by electronic transfer. If you choose this option please enter your bank routing # and account # below.

Form for credit card information including fields for Visa/MasterCard/Disc, Credit Card Number, Card ID (CVV), and Month Year.

Please check all that apply and designate the amount

- \$100 Enrollment Fee, Lump Sum Contract Payment Amount \$, Down Payment (Minimum \$1,000) Amount \$

Form for bank routing and account numbers.

Signature of Credit Card Holder/Bank Account Owner

For Office Use Only

Form for office use including fields for \$100/Credit Card/Down Payment, Payment \$, Credit Card Approval #, Amount \$, Dcode, Date, Check Number, Check Amount, and Multiple Forms.