

2. Designated Beneficiary Information (required)

This information is required in order to establish your Distinguished Valor Matching Grant Program account.

 Designated Beneficiary First Name

MI

Last Name

 Social Security Number

Date of Birth (mm - dd - yyyy)

 Is Designated Beneficiary a Resident of Nevada? Yes No

If no, please provide Designated Beneficiary's Nevada address below.

 Physical Address (P.O. Box or private mailbox cannot be accepted.)

 City

State

Zip

 Relationship to Account Owner
3. Category A Applicants – Active Duty Information**Branch of Active Duty Service**

Please select branch of service:

 Army Airforce Navy Coast Guard Marine Corps Nevada National Guard

Date entered active duty. _____

Please indicate the appropriate required documentation:

 Active Duty Orders

Is Designated Beneficiary a child of the account owner?

 Yes No

Will the Designated Beneficiary be under the age of 13 on December 31 of this year?

 Yes No

Is your household adjusted gross income less than \$95,000 for the prior tax year?

 Yes No

Note: Do not send originals, because we will not return any documents to you.

4. Category B Applicants – Purple Heart Information

 Purple Heart Recipient First Name

MI

Last Name

Please check the appropriate eligible Operation below.

 Operation Enduring Freedom Operation Iraqi Freedom

Please indicate appropriate required documentation:

 Purple Heart Certificate DD-215 (Discharge Update) Military orders of the award DD-214 (Discharge) Service records showing the award

Note: Do not send originals, because we will not return any documents to you.

5. ACCOUNT AUTHORIZATION AND SIGNATURE (REQUIRED)

By signing below I certify that:

- I agree to the terms regarding the Distinguished Valor Matching Grant Program as described in the Distinguished Valor Matching Grant Program Instructions and the Plan Description and Participation Agreement.
- I understand that the matching grant account and any applicable earnings are controlled by the USAA 529 Education Savings Plan, until I submit a request in good order for a qualified withdrawal to an eligible educational institution as described in the Plan Description and Participation Agreement.
- I certify that the information I have provided is true, complete, and accurate, and I consent to and authorize the use of my private data as described in the enclosed instructions.
- If I am submitting private data belonging to another individual, I certify that I am providing such private data with the knowledge and permission of such individuals.

Please Print Name

Date

X

Account Owner Signature

IMPORTANT INFORMATION: Read the Distinguished Valor Matching Grant Program Instructions carefully to determine the necessary documents that should accompany this application. This document will be considered not in good order if it is incomplete, it is not appropriately signed, or if the required copy of your Active Duty Orders or Purple Heart Certificate or required documentation is not enclosed.

FOR OFFICE USE ONLY:

Eligible Not Eligible

Match Amount: _____

State Authorization: _____

Interests in the USAA 529 Education Savings Plan™ (Plan) are municipal fund securities issued by the Nevada College Savings Trust Fund (Trust). The value of an investment in the Plan will vary with market conditions. The Plan is administered by the Nevada State Treasurer, Zach Conine. Victory Capital Management, Inc. (Victory Capital) provides investment management services, and Victory Capital Services, Inc. markets and distributes the Plan. Ascensus Broker Dealer Services, Inc. serves as the Program Manager as well as effects account owner transactions in the Plan. Interests in the Plan are not guaranteed by the Trust, the Plan, the state of Nevada, the Board or any other governmental entities, or any USAA, Victory Capital or Ascensus entities and you could lose money.

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