VictoryCapital®
529 Education Savings Plan

Victory Capital 529 Distinguished Valor Matching Grant Program
Matching Grant Program Application

Applications will be accepted each calendar year beginning January 1 and must be postmarked by December 15.

Before completing this Distinguished Valor Matching Grant Program Application, read the eligibility requirements found in the Plan Description and Participation Agreement, and any supplements distributed from time to time (together, the Plan Description and Participation Agreement).

- **Sections 1 – 4** must be completed by the Victory Capital 529 Education Savings Plan Account Owner, who must sign and date this application. You must also submit: A copy of one of the required documents listed in section 3.
- You must complete and submit a separate Distinguished Valor Matching Grant Program Application for each designated beneficiary on whose behalf you are requesting a matching grant.
- **Your application will be considered incomplete if it is not appropriately signed, or if the required documents are not enclosed.**

Mail this form along with required documentation to:
Victory Capital 529 Education Savings Plan
P.O. Box 55354
Boston, MA 02205-5354

For overnight delivery or registered mail, send to:
Victory Capital 529 Education Savings Plan
95 Wells Ave., Suite 155
Newton, MA 02459-3204

For questions about the Victory Capital 529 Education Savings Plan or the Distinguished Valor Matching Grant Program, call **1-800-235-8396** or visit **www.vcm.com/matchinggrant**.

1. Account Information

Note: A Victory Capital 529 Education Savings Plan Enrollment Application must accompany the Distinguished Valor Matching Grant Program Application if there is no current 529 plan account.

Victory Capital 529 Education Savings Plan Account Number (from your Statement)

Account Owner First Name MI Last Name

Is the Account Owner a Resident of Nevada? ☐ Yes ☐ No

2. Designated Beneficiary Information (required)

This information is required in order to establish your Distinguished Valor Matching Grant Program account. The designated beneficiary's Social Security number or Taxpayer Identification number on your Victory Capital 529 Education Savings Plan account must match your designated beneficiary's Social Security number or Taxpayer Identification number you submit on this Distinguished Valor Matching Grant Program Application.

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

3. Applicant Information

Please indicate the appropriate required documentation:

☐ Active-Duty Orders
☐ DD-214 or DD-215 (updated discharge)

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

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 $150,000 for the prior tax year?

☐ Yes ☐ No

For questions about the Distinguished Valor Matching Grant Program, call 1-800-235-8396, or visit www.vcm.com

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4. 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 Plan Description and Participation Agreement.
- **I understand that the matching grant account and any applicable earnings are controlled by the Victory Capital 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.
- 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 individual(s).

Please Print Name _____ Date _____

X _____

Account Owner Signature

IMPORTANT INFORMATION: Read the Distinguished Valor Matching Grant Program in the Plan Description and Participation Agreement 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 required documentation is not enclosed.

FOR OFFICE USE ONLY:

☐ Eligible ☐ Not Eligible

Match Amount:_____

State Authorization: _____

Carefully consider the investment objectives, risks, charges and expenses of the Victory Capital 529 Education Savings Plan (Plan) before investing. Visit vcm.com/prospectus for a Plan Description and Participation Agreement containing this and other information about the Plan from Victory Capital Services, Inc., Underwriter and Distributor. Read it carefully before investing.

The Plan is sponsored by the state of Nevada, acting through the Trustees of the College Savings Plans of Nevada. Interests in the Plan are municipal fund securities issued by the Nevada College Savings Trust Fund. Anyone may invest in the Plan and use the proceeds for qualified education expenses in any state. **Before investing, consider whether any 529 plan offered by your home state or your beneficiary's home state offers state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that may not be available through the Plan.** Federal and state tax benefits may be conditioned on meeting certain requirements. If you withdraw money from the Plan for something other than qualified education expenses, you will owe federal income tax and may face a 10% federal tax penalty on earnings as well as state and local taxes. Consult a tax advisor.

Victory Funds and the Victory Capital 529 Education Savings Plan (Plan) are distributed, and brokerage services provided, by Victory Capital Services, Inc. (VCS).

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