



# ENROLLMENT FORM

MINOR'S NAME \_\_\_\_\_

MINOR'S DATE OF BIRTH \_\_\_\_\_

MINOR'S MAILING ADDRESS \_\_\_\_\_

CUSTODIAN'S NAME \_\_\_\_\_

CUSTODIAN'S EMAIL ADDRESS \_\_\_\_\_

CUSTODIAN'S PHONE NUMBER \_\_\_\_\_

☐ THE MINOR IS A CURRENT INVESTOR

☐ THE MINOR IS A NEW INVESTOR AND WE HAVE INCLUDED AN INVESTMENT APPLICATION

\_\_\_\_\_  
(MINOR'S NAME) HAS A GOAL TO SAVE \$ \_\_\_\_\_ THIS YEAR.

BY SIGNING BELOW, THE CUSTODIAN AND THE MINOR AGREE TO PARTICIPATE IN THE TEXAS DISTRICT CEF SUPER SAVERS PROGRAM

\_\_\_\_\_  
(MINOR'S NAME)

\_\_\_\_\_  
(CUSTODIAN SIGNATURE)