



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)

7900 E Hwy 290, Austin, Texas 78724-2499 • 1-888-951-1233 • texascef.org • invest@texascef.org • facebook.com/texascef