



Employee and Child Registration Form for the SAGE Scholars Tuition Rewards Program®

Employer (School) Name: _____

Parent / Sponsor Information (All fields MUST be completed)

Last 4 Digits of SSN: _____ Phone: _____
First Name: _____ Email: _____
Last Name: _____ *Email required in order to email you the online registration information
Address: _____
City / State / Zip: _____

Student Information (all fields MUST be completed)

Please only register one student at this time. Once you receive your enrollment confirmation e-mail, simply follow the instructions in that e-mail to setup your account and add additional students.

First Name: _____ Date of Birth: _____ Current Grade: _____
Last Name: _____ Student must be enrolled into the SAGE program prior to 8/31 of entering their senior year of high school to be eligible
Address (If different than above): _____
City / State / Zip: _____ Graduation Date: _____
Phone: _____ Relation: _____ (Parent / Grandparent / Other)
Email: _____

Signature and Verification:

My signature below authorizes my employer to share my qualified / retirement plan information with SAGE Scholars and Kades-Margolis Corporation to the extent necessary to administer Tuition Rewards. Additionally, I acknowledge I have read the Tuition Rewards Accountholder Acknowledgement form and would like to have the SAGE Scholars Market Cap and Gown newsletter emailed to me. I understand that there is no requirement for me to purchase, have or participate in a retirement or investment vehicle in order to participate in this program.

I further acknowledge that the Tuition Rewards program is provided by SAGE Scholars Inc. Kades-Margolis Corporation does not provide any services related to this program and has no control over changes made to the program or the participating colleges and universities.

Signature: _____ Date: _____

Kades-Margolis Representative: _____ Account Value: _____
Valuation Date: _____