## New York's 529 Advisor-Guided College Savings Program

# New York's 529 Advisor Guided College Savings Program

# **Enrollment Application**

**IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT.** We are required by federal law to obtain from each person who opens an Account in New York's 529 Advisor-Guided College Savings Program® (the "Advisor-Guided Plan" or the "Plan") certain personal information—including name, street address, and date of birth, among other information—that will be used to verify his/her identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

• Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address below. Do not staple.

Forms can be downloaded from our website at **www.ny529advisor.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.774.2108** any business day from 8 a.m. to 6 p.m. Eastern time.

Return this form and any other required documents to:

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498 For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459

## 1. Account type

Select one of the Account types below

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•	if you do not select an Account type, we will open an individual Account for you.
	Individual Account. I am opening a new Advisor-Guided Plan Account.
	UGMA/UTMA Account. I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.
	Indicate the state (please abbreviate) in which the UGMA/UTMA custodial account was opened.
	<b>Business Entity/Trust Account.</b> I am opening this Account as a corporation, partnership, association, estate, or trust. (You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/ Trust Account, and the authorization of the authorized signer, including the first and last pages of the trust. We may also request additional information from you.)
	<b>Other Entities.</b> I am opening this Account on behalf of a scholarship program sponsored by a non-profit or local governmental entity. (You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity Account Owner and the authorization of the authorized signer. We may also request additional information from you.)



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organization or local government.)													
Legal First Name <i>(Required)</i>												 	
Legal Last Name ( <i>Required</i> )													
Social Security Number or Taxpayer Identifica	ation Number <i>(Requi</i>	red)			Birth	Date (mi	m/dd/yy	yy) (Re	quire	d)			
Citizenship (Required) U.S. OR	Resident Alier		e not elig	ible)	Count	ry of Cit	izenshi	p (If no	t a U.S	. Citizo	en)		
Check if Beneficiary's address is the sa	me as Account Owne	r, otherwi	se comple	ete the fo	ollowing:								
Mailing Address (Required)													
City					State		Zip Co	ode			] —		
<ul> <li>The Successor Account Owner is t</li> <li>You may revoke or change the Suc Program<sup>®</sup> Disclosure Booklet and T</li> </ul>	ccessor Account O	wner at	any tim	e. See	the Nev	v York's	s 529 .	Advis	or-Gui				
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## 7. Sales charge discount or waiver for Class A Units (If Applicable)

• To qualify for a sales charge reduction, you must notify the Advisor-Guided Plan.

<ul><li>Chec</li></ul>	ck all that apply.																						
A	Qualified Employ	-	-			s cha	rge v	vaiv	er un	der th	ne ter	ms (	of the	Dis	closu	ıre B	ookl	et b	ecau	se I	am e	mplo	oyed
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	Qualifying Employer's	Name			Ш																		
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		Paren	t		Grandp	arent			Gra	indchil	d				Dep	ender	nt of t	he P	erson				
В.	<b>Rights of Accum</b> or shares of J.P. M market value(s) bel separate sheet.	ใorgan Fเ	ınds tha	at are	eligib	le to	be co	mbi	ined <sup>·</sup>	for a r	educ	ed s	ales (	char	ge. Ir	nclud	de th	e ac	coun	t nu	mber	(s) a	
	Legal Name of Family	Member (1	first, midd	lle initia	al, last)																		
	529 Account Number				_[				(	R		A	ccoun	t Nur	mber (	Wher	e J.P.	Moi	rgan Fu	ınds a	are he	'd)	
	\$, Market Value											C	USIP, I	Fund	Numb	er, or	Sym	bol					
	Legal Name of Family	Member (1	first, midd	lle initia	al, last)																		
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C	Letter of Intent. (I A Units in the Advi accumulated inves amount of at least:	isor-Guid tments. I	ed Plan	or sha	ares of	f J.P.	Morg	an F	unds	and ι	ınder	stan	d tha	t I ca	an red	duce	my s	sale	s cha	rges	throu	ıgh	
	\$50,000	\$10	00,000		\$	250,00	00			\$500,0	000			\$1,0	00,000	)							
	I am already inv	vesting und	der an ex	isting <b>L</b>	etter (	of Inte	ent:		Acco		mber							_[					
D	<b>Employer Group.</b> Group must be eliq your Employer Gro	gible for	this pro	gram	pursu	ant t																	
	Employer Group Name	9					_																

**Employer Group Number** 

#### B. Investment Option selection

- Before choosing your Investment Option(s), see the Disclosure Booklet (also available at **www.ny529advisor.com**) for complete information about the investments offered.
- The assets will remain in the Portfolios you select until you make a withdrawal or exchange.
- You must allocate at least 1% of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total 100%.
- You may leave this section blank if this form is accompanied by the Change of Ownership Form, or you may complete this section to designate a new Account asset allocation upon your ownership change.
- These Investment Options are designed to help you save for post-secondary higher education expenses.

Age-Based Investment Option:	Class A Units	Class C Units
JPMorgan 529 Age-Based Portfolio	<u> </u>	
(Your investment will be allocated to the appropriate		
Age-Based Portfolio for your Beneficiary's age.)		
Asset Allocation Portfolio Investment Options:	Class A Units	Class C Units
JPMorgan 529 Aggressive Portfolio	<b></b>	
JPMorgan 529 Moderate Growth Portfolio	<b></b>	
JPMorgan 529 Moderate Portfolio	<b></b>	<u> </u>
JPMorgan 529 Conservative Growth Portfolio	<b></b>	
JPMorgan 529 Conservative Portfolio	<u></u> %	
JPMorgan 529 College Portfolio	<u> </u>	
Single Fund Portfolio Investment Options:	Class A Units	Class C Units
JPMorgan 529 Equity Index Portfolio	<b>%</b>	%
SSGA 529 Portfolio S&P 1500 Composite Stock Market ETF Portfolio	<u></u> %	<b>%</b>
JPMorgan 529 Equity Income Portfolio	<u> </u>	<b>%</b>
JPMorgan 529 Large Cap Growth Portfolio	<u> </u>	<b>%</b>
JPMorgan 529 Mid Cap Value Portfolio	<u> </u>	<b></b>
JPMorgan 529 Growth Advantage Portfolio	%	
JPMorgan 529 BetaBuilders U.S. Small Cap Equity ETF Portfolio	<u></u> %	<b>%</b>
JPMorgan 529 Small Cap Equity Portfolio	<u></u> %	<b>%</b>
JPMorgan 529 Realty Income ETF Portfolio	<u> </u>	<b></b>
JPMorgan 529 Global Select Equity ETF Portfolio	%	%
SSGA 529 Portfolio Developed World ex-US ETF Portfolio	%	
JPMorgan 529 International Equity Portfolio	<u> </u>	<b>%</b>
SSGA 529 MSCI ACWI ex-US ETF Portfolio		
JPMorgan 529 Core Bond Portfolio	<u> </u>	<u> </u>
JPMorgan 529 Core Plus Bond Portfolio	<u> </u>	<u> </u>
SSGA 529 Portfolio Aggregate Bond ETF Portfolio	<u> </u>	
JPMorgan 529 Short Duration Bond Portfolio		
JPMorgan 529 Inflation Managed Bond ETF Portfolio	<u> </u>	
JPMorgan 529 Stable Asset Income Portfolio	<u> </u>	<u> </u>
JPMorgan 529 U.S. Sustainable Leaders Portfolio	%	

#### 9. Initial contribution

- Your initial contribution must be at least: \$25 per month or \$75 per quarter by Recurring Contribution; \$25 per month by Payroll Direct Deposit; or \$1,000 by check or Electronic Bank Transfer (EBT).
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions will not be available for withdrawal for seven (7) business days.

Sourc	e of funds (Check all that apply.)
A	Personal check. Important: All checks must be payable to <b>New York's 529 Advisor-Guided College Savings Program®.</b> Note: Checks payable to the Account Owner or Beneficiary, if \$10,000 or less, may be accepted if properly endorsed.
	\$, Amount
В.	Electronic Bank Transfer (EBT). You can make a contribution by transferring money from your bank account. To set this up, you must provide bank information in Section 10c. The maximum contribution through a one-time EBT may be limited. See the Disclosure Booklet for more details.  \$
C	<b>Recurring Contribution.</b> You can have a set amount automatically transferred from your bank account on a monthly or quarterly basis. To set this up you must complete <b>Section 10a</b> and <b>Section 10c.</b>
	\$,
D	Payroll Direct Deposit. If you want to make contributions to your Advisor-Guided Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to the Plan Account until you have received a Payroll Direct Deposit Confirmation Form from the Plan and have communicated these deposit instructions to your employer. Note: Contributions by Payroll Direct Deposit must total a minimum of \$25 per month per Account.  \$
	Amount per Pay Period State of New York.  State Agency/Department
E	Direct rollover or plan transfer from a New York's 529 College Savings Program Direct Plan Account, another 529 plan account, or an Education Savings Account (ESA). By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and attach an Incoming Rollover Form. You can get this form online at www.ny529advisor.com or by calling 1.800.774.2108.  \$
F	Indirect rollover from another 529 plan account, Education Savings Account (ESA), or qualified U.S. savings bond. You can transfer money from one of these options to your bank account and from there, to the Advisor-Guided Plan.
	<b>Important:</b> Indirect rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified withdrawal from your Advisor-Guided Plan Account.
	• Indirect rollover from another 529 plan or an ESA — Enclose documentation from the distributing financial institution showing contributions and earnings.
	• Indirect rollover from qualified U.S. savings bonds — Include a statement or IRS Form 1099-INT, issued by the
	distributing financial institution, that shows the interest paid as of the redemption date.  \$
G	Change of Ownership. Select this if the initial contribution is a transfer from an existing Advisor-Guided Plan Account currently owned by someone else (must include a Change of Ownership Form or other documentation as instructed).

### 10. Future contributions (Optional)

You may make future contributions by personal check or electronically through Recurring Contributions or by Electronic Bank Transfer (EBT).

**Important:** The Recurring Contribution and Electronic Bank Transfer options can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered by non-bank financial companies are not members of the ACH network. For further information, please refer to the Disclosure Booklet.

•	Contributions by Recurring Contribution or Ele	ectronic Bank Transfer wi	II not be available for wi	thdrawal for seven (7) business days.
Α.	A. Recurring Contributions. Through Record or quarterly intervals from your bank, say Account. You may cancel or change the in ny529advisor.com or by calling 1.800.7	vings and loan association vings and from the contraction of the contr	n, or credit union accour	nt to your Advisor-Guided Plan
	Note: A plan of regular investment cann	ot assure a profit or prot	ect against a loss in a de	eclining market.
	Important: To set up this option, you mu	ıst provide bank informat	ion in <b>Section 10c.</b>	
	Amount of Debit: \$, (\$25 monthly/\$7.	<b>0 0</b> <i>s</i>	Frequency: (Check one) Monthly	Quarterly
	Start Date*: Date (mm/dd/yy)			
	* Your bank account will be debited on the trade date of the business day on which the month or on the next business day th	the bank debits occurs. I	f no date is indicated, de	ebits will be made on the 15th day of
	Annual Increase. You may increase Your contribution will be adjusted e			
	Amount of increase: \$	.00	Month**:	
	** The month in which your Recurring selected date of the month.	Contribution will be incr	eased. The first increase	will occur at the first instance of your
В.	B. Electronic Bank Transfer. Through Electronic Bank Bank Bank Bank Bank Bank Bank Bank	count. We will keep you	bank instructions on file	
C.	C. <b>Bank information.</b> Required to establish the listed in <b>Section 2</b> must be a registered own			er service. The Account Owner
	Important: I acknowledge that my bank or fin	nancial institution is loca	ted in the U.S. and/or ad	heres to U.S. banking regulations.
	Bank Name			
	Bank Registration (Name on bank account; of which 529	Account Owner must be regis	stered.)	
	Bank Routing Number Ban	lk Account Number		Account Type: Checking Savings
	Note: The routing number is usually located in	the bottom left corner of	your checks. You can als	o ask your bank for the routing number.

## 11. Dollar-cost averaging (Optional)

• The minimum contribution to dollar-cost average is **\$5,000**. By selecting this feature, you authorize the Advisor-Guided Plan to exchange money automatically from one Portfolio to another on a monthly basis. The minimum exchange amount is \$100 per Portfolio.

**Note:** If dollar-cost averaging is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will not count as an Investment Exchange. However, if you make any changes to your dollar-cost averaging selections, that will count as an Investment Exchange. The allocations will be made on the day of the month you specify below, or if no day is specified, on the 15th of the month. If such day is not a business day, the allocation will occur on the next succeeding business day and will continue until the dollar-cost averaging has completed per the instructions below. Stopping or changing the automatic allocation instructions with respect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for purposes of Investment Exchange limitations. See the Disclosure Booklet for additional information.

Start Date*:		
Frequency: (Check one)	Monthly Quarterly Semi-annually Annua	] llly
Day of Allocation Exchange:	(dd)	
Stop Type: (Check one)	Complete Portfolio Balance	
	Specify Total Exchange Amount (If less than complete Portfolio balance)	(\$5,000 minimum)
	Stop Date	
I authorize the Advisor-Guided	Plan to exchange from the following Investm	nent Option (Selected in Section 8.)
		<b>\$</b>
From Investment Option (\$5,000 minimum	initial Portfolio investment)	Amount* (\$100 minimum per month)
To the following Investment Op	otions	
		\$
To Investment Option		Amount* (\$100 minimum per Portfolio)
		<b>*</b>
To Investment Option		Amount* (\$100 minimum per Portfolio)
		s n n n n n n
To Investment Option		Amount* (\$100 minimum per Portfolio)

<sup>\*</sup> Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

#### 12. Trusted Contact Person (Optional)

- · Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing.
- By completing this Section 12, you designate the person identified below as your Trusted Contact Person, and authorize the Advisor-Guided Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns to contact your Trusted Contact Person and disclose information about your Plan account:
  - to address possible financial exploitation;
  - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
  - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- A Trusted Contact Person must be at least eighteen (18) years of age.

<ul> <li>This election does not create or give your Trusted Contact Person a point be able to access your Account or transfer assets to or from your Account or from your Account or transfer assets to or from your Account or transfer as</li></ul>	<del>_</del>
Name of Trusted Contact Person (first, middle initial, last)	
Trusted Contact Person's Telephone Number	
Trusted Contact Person's Email Address	
Trusted Contact Person's Mailing Address	
City	State Zip Code
Relationship to Account Owner.	

(e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

### 13. Signature and Certification

Each person signing on behalf of an entity represents that his/her actions are authorized and that the information provided and all future information provided with respect to the Account is true, complete and correct.

#### By signing below, I hereby certify that:

- I have received the Disclosure Booklet and Tuition Savings Agreement of New York's 529 Advisor-Guided College Savings Program® ("Disclosure Booklet"). I understand that by signing this form, I am agreeing to be bound by the terms and conditions of the Disclosure Booklet. I understand that New York's 529 Advisor-Guided College Savings Program® ("Plan") may from time to time amend the Disclosure Booklet, and I agree I will be subject to the terms of those amendments. I understand that the Disclosure Booklet and this form shall be construed, governed, and interpreted in accordance with the laws of the State of New York.
- I understand that the Disclosure Booklet and the Plan forms signed by me constitute the entire agreement between the Account Owner and the Plan. No person is authorized to make an oral modification to this agreement.
- I understand that I may incur federal, state or local income and penalty taxes as a consequence of certain activities, including without limitation non-qualified withdrawals, terminating my Account, or changing my Beneficiary to an ineligible person. Account Owners should seek advice from a qualified tax professional.
- I understand that contributions to the Plan are not insured and that the investment returns are not guaranteed by the Federal Deposit
  Insurance Corporation, the State of New York, its agencies, or any other government or government agency, Ascensus Broker Dealer
  Services, LLC, and its affiliates, JP Morgan Distribution Services, Inc., or the investment managers for the underlying funds in the
  Plan. There is no assurance that the Accounts under the Plan will generate any specific rate of return; and there is no assurance that
  the Account will not decrease in value. I understand that I could lose money.
- I understand that the Investment Options offered by the Plan have been designed to save for post-secondary higher education
  expenses and that for New York State tax purposes, withdrawals used to pay K-12 Tuition Expenses, Qualified Loan Repayments or
  Roth IRA Rollovers will be considered nonqualified withdrawals and will require the recapture of any New York State tax benefits
  that have accrued on contributions.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the Plan and in
  any other Qualified Tuition Program offered by the State of New York on behalf of the Beneficiary to exceed the Maximum Account
  Balance set forth in the Disclosure Booklet are not permitted. I understand that if a contribution is made to my Account that exceeds
  the Maximum Account Balance, all or a portion of the contribution amount will be returned to me or the contributor.
- If I have completed Section 12, I further certify that:
  - I authorize the Plan to contact the person listed as my Trusted Contact Person above and disclose information about my Account to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. I certify that the Trusted Contact Person is at least eighteen (18) years of age.
  - I understand that by signing this form, I authorize Ascensus Broker Dealer Services, LLC or its affiliates to provide my Trusted Contact Person with information regarding my Account. I agree to indemnify, defend, and hold harmless the Plan, the State of New York, its agencies, or any other government or government agencies, Ascensus Broker Dealer Services, LLC, JP Morgan Distributors, Inc., the investment managers for the underlying funds in the Plan, and their respective affiliates, agents, and employers, from any losses I incur as a result of the acts or omissions of my Trusted Contact Person.
- I understand that by signing this form, I authorize Ascensus Investment Advisors, LLC or its affiliates to provide my Financial Professional with access to my Account and to perform transactions on my behalf. I agree to indemnify, defend, and hold harmless the Plan, the State of New York, its agencies, or any other government or government agencies, Ascensus Broker Dealer Services, LLC, JP Morgan Distributors, Inc., the investment managers for the underlying funds in the Plan, and their respective affiliates, agents, and employers, from any losses I incur as a result of the acts or omissions of my Financial Professional.
- All the information that I provided on this form is true and accurate in all material respects, that Ascensus Investment Advisors,
   LLC and its affiliates are entitled to rely on the information provided herein and the instructions provided on this form, and that I am bound by any and all statutory, administrative, and operating procedures that govern the Plan.

#### Signature and Certification (continued)

#### I certify, under penalty of perjury, that:

- the Social Security Number or Taxpayer ID Number I provided is correct;
- I am a U.S. Citizen or legal U.S. Resident Alien; and
- all the information on the Enrollment Application is correct.

**Please note:** Federal law allows distributions of up to \$10,000 per beneficiary per year for tuition expenses in connection with enrollment or attendance at an elementary or secondary public, private, or religious school (K-12 Tuition Expenses), distributions to repay qualified education loans of a beneficiary or beneficiary's sibling of up to \$10,000 per individual (Qualified Loan Repayment) and Roth IRA Rollovers. Under New York State law, however, distributions used to pay such expenses will be considered non-qualified withdrawals and will require the recapture of any New York State tax benefits that have accrued on contributions.

#### Important! Please read before making a contribution by check to New York's 529 Advisor-Guided College Savings Program.

For purposes of a New York State tax deduction, the contribution check must be from the Account Owner (person listed in **Section 2** of this form). All other non-owner contributions will not be eligible for a New York State tax deduction. Please see the Disclosure Booklet for further details.

I will retain a copy of this Enrollment Application and the Disclosure Booklet for my records	
SIGNATURE	
Signature of Account Owner (If the Account Owner is a minor, the designated parent or guardian must sign.)	Date (mm/dd/yyyy)