

2. Options

- Contributions by AIP or EBT will be unavailable for withdrawal for seven (7) business days.
- Adding or changing bank information will prompt a fifteen (15) calendar day holding period before proceeds of a withdrawal may be released to the new bank account.

A. **AIP.** You can transfer money from your bank account to your Advisor-Guided Plan Account on a monthly or quarterly schedule

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

- Add this option to my Account. *(Provide the information below and in Section 2c.)*
- Change my investment amount and/or debit date. *(Provide the new amount and/or debit date below.)*
- Change my bank account information. *(Provide the information in Section 2c.)*
- Stop this option.

Amount of Debit: \$ **.0 0**
(\$25 monthly/\$75 quarterly minimum)

Start Date*: - -
Date (mm/dd/yyyy)

Frequency:
(Check one) Monthly Quarterly

* Your bank account will be debited on the day you designate, provided the day is a regular business day, or on the next business day if the date selected is not a business day. You will receive the trade date of the business day on which the bank debit occurs. If no date is indicated, debits will be made on the 15th day of the month or on the next business day thereafter. See the New York's 529 Advisor-Guided College Savings Disclosure Booklet and Tuition Savings Agreement for more information.

Annual Increase. You may increase your AIP contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$ **.0 0**

Month:**

** The month in which your AIP contribution will be increased. The first increase will occur at the first instance of your selected date of the month selected.

B. **EBT.** Add or change bank information for future electronic transfers. We will keep your bank instructions on file for future EBT contributions and/or withdrawals. You can transfer \$25 or more from your bank account to your Plan Account at any time simply by calling us or requesting a transfer online. The maximum contribution for a one-time EBT may be limited.

Add Change Delete

C. **Bank information.** AIP and EBT can be made only through 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 through non-bank financial companies cannot be used. The Account Owner listed in **Section 1** must be a registered owner of the bank account listed below.

Important: By signing this paperwork, you agree and confirm that your ACH transactions will not involve a bank or other financial services company, including any branch or office thereof, located outside the territorial jurisdiction of the United States.

Bank Name

Bank Registration *(Name on bank account of which 529 Account Owner must be registered.)*

Bank Routing Number

Bank Account Number

Account Type:

(Check one) Checking Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

3. Signature — YOU MUST SIGN BELOW

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 the 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 advisor.
- 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, Inc., 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 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.
- all the information that I provided on this form is true and accurate in all material respects, that the Program Manager 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.

I understand that all changes made on this form supersede all my previous designations. I authorize the Advisor-Guided Plan and the Program Manager (*as defined in the Disclosure Booklet*) and its affiliate(s) that may provide services to the Advisor-Guided Plan, upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me by initiating credit or debit entries to my account at the bank named in **Section 2c**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my Account must comply with U.S. and New York law. I further agree that the Advisor-Guided Plan, Ascensus Investment Advisors, LLC and its affiliates will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as Ascensus Investment Advisors, LLC has had a reasonable amount of time to act upon it. I certify that I have the authority to transact on the bank account identified by me in **Section 2c**.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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