





**4. SIGNATURE — MUST SIGN BELOW**

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

- all of the information provided on this form is complete and correct.
- this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the New York’s 529 Advisor-Guided College Savings Program Disclosure Booklet.

SIGNATURE

Signature of Employer Group Contact

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)



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