New York's 529 Advisor-Guided College Savings Program **Employer Group Verification Form**



- Complete this form to establish a new or add to an existing Employer Group. Please see the New York's 529 Advisor-Guided College Savings Program Disclosure Booklet and Tuition Savings Agreement ("Disclosure Booklet") for more information.
- Investments may be made through Financial Professionals who have entered into a selling agreement with JPMorgan Distribution Services, Inc.
- 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:

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498 New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459

1. Employer or Existing Group information

Name of Employer	
Employer Tax ID	Present Number of Active Employees or Members
Street Address	
City	State Zip Code
Telephone Number	Fax Number
Name of Employer Group	
Contact Person	
E-mail Address	
Contact Telephone Number	



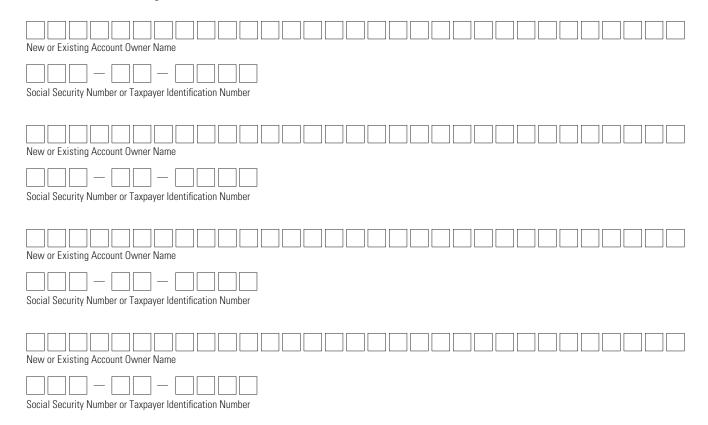
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2. Financial Professional information (To be completed by the Financial Professional.)

Firm Name								
Financial Professional Name (first, middle initial, last)								
Branch Number <i>(If applicable)</i>	Financial Professional ID Number/IRD Number	BIN Number (If applicable)	Networking Level (<i>If applicable</i>)					
Mailing Address								
City		State Zip Code						
Telephone Number								

3. New or Existing Account Owners to be Established under Employer Group

To add existing Accounts to this new group, list the existing Account Owner information below. Attach any new **Enrollment Applications** you are prepared to submit now and list the new Account Owner information below as well. The Program will send the new Group ID to the Financial Professional for use on future **Enrollment Applications**. The new Group ID will be applied to all Accounts for these existing and new Account Owners.



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4.

SIGNATURE — MUST SIGN BELOW

By signing below, I hereby certify that:

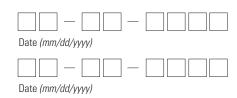
- all of the information provided on this form is complete and correct.
- this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the New York's 529 Advisor-Guided College Savings Program Disclosure Booklet.

SIGNATURE

Signature of Employer Group Contact

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Signature of Financial Professional



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