

New York's 529 Advisor-Guided College Savings Program

Enrollment Application

New York's 529
Advisor[↑]Guided[®]
 College Savings Program

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.
- 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.

☐ **Business Entity/Trust Account.** 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.*)

☐ **Other Entities.** 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.*)



* N Y A D V E N R O L L *

Legal First Name of the Account Owner, Custodian, or Trustee **(Required)** *m.i.*

Name of Entity/Trust (If applicable) **(Required only for Entity/Trust owned accounts)**

- -
 Entity/Trust Tax Identification Number
(Required only for Entity/Trust owned accounts)

— —
 Trust Date (Required only for Entity/Trust owned accounts)

Country of Citizenship (If not a U.S. Citizen)

— —
 Secondary Phone

Residential/Legal Address (A P.O. box is **not** acceptable.) **(Required)**

Account Mailing Address (Required if different from above. This address will be used as the Account's address of record and for all Account mailings.)

City

State

-

Zip Code

Legal First Name **(Required)** m.i.

Legal Last Name *(Required)*

- -
 Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy) **(Required)**

Citizenship **(Required)** ☐ U.S. **OR** ☐ Resident Alien
(Non-Resident Aliens are not eligible)

Country of Citizenship (If not a U.S. Citizen)

☐ Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address **(Required)**

City

State

Zip Code

—

- The Successor Account Owner is the person designated to assume Account ownership in the event of the Account Owner's death.
- You may revoke or change the Successor Account Owner at any time. See the New York's 529 Advisor-Guided College Savings Program® Disclosure Booklet and Tuition Savings Agreement (Disclosure Booklet) for more information.

Legal First Name m.i.

Legal Last Name

— —
Birth Date (mm/dd/yyyy)

- -
 Telephone Number

- Complete this section only if the Account Owner listed in **Section 2** is a minor.

Legal First Name of Parent or Guardian **(Required)** m.i.

Legal Last Name of Parent or Guardian **(Required)**

- -

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date (mm/dd/yyyy) **(Required)**

- -
 Telephone Number

6. Financial Professional information *(To be completed by the Financial Professional.)*

Firm Name

Financial Professional Name *(first, middle initial, last)*

Branch Number *(If applicable)*

Financial Professional ID Number/IRD Number

BIN Number *(If applicable)*

Networking
Level *(If applicable)*

Mailing Address

City

State

Zip Code

Telephone Number

Financial Professional Email

By signing below, I certify that I am the Financial Professional to the Account Owner named in **Section 2** above and that the information provided in this **Section 6** is true and correct and that Ascensus Investment Advisors, LLC and its affiliates may rely on it in administering this Account.

SIGNATURE

Financial Professional Signature

Date *(mm/dd/yyyy)*

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.
- Check all that apply.

A. ☐ **Qualified Employee.** I am eligible for a sales charge waiver under the terms of the Disclosure Booklet because I am employed by, or related to someone employed by:

Legal Name *(first, middle initial, last)*

Qualifying Employer's Name

Relationship

☐ Self

☐ Spouse

☐ Domestic Partner

☐ Child

☐ Officer, Director, or Trustee

☐ Parent

☐ Grandparent

☐ Grandchild

☐ Dependent of the Person

B. ☐ **Rights of Accumulation (ROA).** Check this box if you or an immediate family member owns units in the Advisor-Guided Plan or shares of J.P. Morgan Funds that are eligible to be combined for a reduced sales charge. Include the account number(s) and market value(s) below. Please see the Disclosure Booklet for additional information. **Note:** To list more than two accounts, use a separate sheet.

Legal Name of Family Member *(first, middle initial, last)*

—

529 Account Number

OR

Account Number *(Where J.P. Morgan Funds are held)*

\$, .

Market Value

CUSIP, Fund Number, or Symbol

Legal Name of Family Member *(first, middle initial, last)*

—

529 Account Number

OR

Account Number *(Where J.P. Morgan Funds are held)*

\$, .

Market Value

CUSIP, Fund Number, or Symbol

C. ☐ **Letter of Intent.** *(Please see the Disclosure Booklet for additional information.)* I intend to make additional purchases into Class A Units in the Advisor-Guided Plan or shares of J.P. Morgan Funds and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of receipt of this application an aggregate amount of at least:

☐ \$50,000

☐ \$100,000

☐ \$250,000

☐ \$500,000

☐ \$1,000,000

☐ I am already investing under an existing **Letter of Intent:**

—

Account Number

D. ☐ **Employer Group.** To qualify for a reduced Class A sales charge as an eligible member of an Employer Group, your Employer Group must be eligible for this program pursuant to the eligibility requirements set out in the Disclosure Booklet. Please provide your Employer Group name and number below.

Employer Group Name

Employer Group Number

8. 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:

JPMorgan 529 Age-Based Portfolio
(Your investment will be allocated to the appropriate Age-Based Portfolio for your Beneficiary's age.)

Class A Units

%

Class C Units

%

Asset Allocation Portfolio Investment Options:

JPMorgan 529 Aggressive Portfolio
JPMorgan 529 Moderate Growth Portfolio
JPMorgan 529 Moderate Portfolio
JPMorgan 529 Conservative Growth Portfolio
JPMorgan 529 Conservative Portfolio
JPMorgan 529 College Portfolio

Class A Units

%

%

%

%

%

%

Class C Units

%

%

%

%

%

%

Single Fund Portfolio Investment Options:

JPMorgan 529 Equity Index Portfolio
SSGA 529 Portfolio S&P 1500 Composite Stock Market ETF Portfolio
JPMorgan 529 Equity Income Portfolio
JPMorgan 529 Large Cap Growth Portfolio
JPMorgan 529 Mid Cap Value Portfolio
JPMorgan 529 Growth Advantage Portfolio
JPMorgan 529 BetaBuilders U.S. Small Cap Equity ETF Portfolio
JPMorgan 529 Small Cap Equity Portfolio
JPMorgan 529 Realty Income ETF Portfolio
JPMorgan 529 Global Select Equity ETF Portfolio
SSGA 529 Portfolio Developed World ex-US ETF Portfolio
JPMorgan 529 International Equity Portfolio
SSGA 529 MSCI ACWI ex-US ETF Portfolio
JPMorgan 529 Core Bond Portfolio
JPMorgan 529 Core Plus Bond Portfolio
SSGA 529 Portfolio Aggregate Bond ETF Portfolio
JPMorgan 529 Short Duration Bond Portfolio
JPMorgan 529 Inflation Managed Bond ETF Portfolio
JPMorgan 529 Stable Asset Income Portfolio
JPMorgan 529 U.S. Sustainable Leaders Portfolio

Class A Units

%

%

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%

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%

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Class C Units

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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.

Source of funds (Check all that apply.)

- A. ☐ **Personal check. Important:** All checks must be payable to **New York's 529 Advisor-Guided College Savings Program®**. **Note:** Checks payable to the Account Owner or Beneficiary, if \$10,000 or less, may be accepted if properly endorsed.
- \$
- Amount
- B. ☐ **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.
- \$
- Amount (to debit from your bank account **immediately** upon opening your Account)
- C. ☐ **Recurring Contribution.** 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 **Section 10a** and **Section 10c**.
- \$
- Amount (\$25 monthly/\$75 quarterly minimum)
- Frequency: ☐ ☐
- (Check one) Monthly Quarterly
- 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
- ☐ **Check here if you are an employee of the 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**.
- \$
- Amount (Estimated)
- 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.
- Important:** 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.
- \$
- Contributions
- \$
- Earnings
- 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).**

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*:
 — —
 Date (mm/dd/yyyy)
Frequency:*(Check one)*
☐ ☐ ☐ ☐
 Monthly Quarterly Semi-annually Annually
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

 — —
 Date (mm/dd/yyyy)

I authorize the Advisor-Guided Plan to exchange from the following Investment Option *(Selected in Section 8.)*

From Investment Option *(\$5,000 minimum initial Portfolio investment)*
 \$
 Amount* *(\$100 minimum per month)*
To the following Investment Options

To Investment Option

 \$
 Amount* *(\$100 minimum per Portfolio)*

To Investment Option

 \$
 Amount* *(\$100 minimum per Portfolio)*

To Investment Option

 \$
 Amount* *(\$100 minimum per Portfolio)*

* Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

- 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.
- **This election does not create or give your Trusted Contact Person a power of attorney. Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**

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(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 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). 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)