

New York's 529
Advisor¹Guided[®]
College Savings Program

- Complete this form to change your: mailing address, phone number, email address, your Beneficiary's name or mailing address, Successor Account Owner, or to add or change Interested Party information. You may also be able to update some of these online by logging into your Account at **www.ny529advisor.com**.
- If you are changing your name, your former signature and your new signature must be Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution. If you are changing your Beneficiary's name, you must provide supporting legal documentation for this change.
- 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.

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

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- ☐ Account Owner — **Section 3**
- ☐ Beneficiary — **Section 4**
- ☐ Successor Account Owner — **Section 5**
- ☐ Interested Party — **Section 6**



3. Updated Account Owner information

- If you are changing your name and/or contact information, provide the new information exactly as you would like it to appear on your New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or the "Plan") Account.
- If you are changing your name, you must also provide a Medallion Signature Guarantee in **Section 8**.

Name of Account Owner (first, middle initial, last)

 — —

Telephone Number (In case we have a question about your Account.)

Email Address

Permanent Street Address (A P.O. box is **not** acceptable.)

City

State

 —

Zip Code

Account Mailing Address 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

4. Updated Beneficiary information

- If you are changing your Beneficiary's name and/or mailing address, provide the new information exactly as you would like it to appear on your Advisor-Guided Plan Account.
- If you are changing your Beneficiary's name you must provide supporting legal documentation of the new name with this form.

Name of Beneficiary (first, middle initial, last)

Mailing Address

City

State

 —

Zip Code

5. Successor Account Owner information

- Complete this section only if you are adding, changing, or removing Successor Account Owner information on your Account.
- You may revoke or change the Successor Account Owner at any time. See the Advisor-Guided Plan Disclosure Booklet and Tuition Savings Agreement (“Disclosure Booklet”) for more information. You should also consider consulting a qualified tax professional about the potential tax consequences of a change in Account Owner at your death.

Check one.

☐ Add ☐ Change ☐ Delete

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Name of Successor Account Owner (first, middle initial, last)

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Birth Date (mm/dd/yyyy)

6. Interested Party information

- Complete this section if you want additional persons as an Interested Party to receive quarterly statements on the Account or if you are replacing or changing Interested Party information on your Account. To add or change information for more than one Interested Party, use a separate sheet.

Check one.

☐ Add ☐ Replace Interested Party ☐ Change current information ☐ Delete

[illegible]

Name (first, middle initial, last)

[illegible]

Address

[illegible]

City

11

State

□ □ □ □ □

Zip Code

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Telephone Number *(In case we have a question about your Account.)*

Relationship to Account Owner.

☐ Compliance ☐ Investment Professional ☐ Parent/Guardian ☐ Other

7. Signature — YOU MUST SIGN BELOW

IMPORTANT: If you are changing your name, do not sign in this section; see **Section 8**.

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 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, 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.
- I understand by signing this form, I authorize Ascensus Investment Advisors, LLC or its affiliates to provide my Financial Professional or Interested Party 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, Inc., 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.
- I certify that 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

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

8. Medallion Signature Guarantee—REQUIRED FOR NAME CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT ONLY

- You must provide the following information as underwritten certification that the new signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the signature guarantee.**

By signing this form I agree to all of the certifications, terms and conditions set forth above in **Section 7**.

SIGNATURE

Former Signature of Account Owner *(For name change only.)*

Current Signature of Account Owner

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm/dd/yyyy)

Authorized Officer to place stamp here

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