

New York’s 529 Advisor-Guided College Savings Program Trusted Contact Person Form



- By completing this form, you designate the person identified below as your Trusted Contact Person, and authorize New York’s 529 Advisor-Guided College Savings Program and its present and future direct and indirect subsidiaries, affiliates, successors and assigns (Plan) 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 2165.
- **This form 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.**
- Completion of this form is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.
- 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 7 p.m. Eastern time.

Return this form 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. Current Account Owner information

Account Number (First nine digits)

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

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

2. Action for Trusted Contact Person

Add Remove Change



3. Trusted Contact Person information

Name of Trusted Contact Person (*first, middle initial, last*)

Trusted Contact Person's Daytime Telephone Number

Trusted Contact Person's Mobile Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

Relationship to Account Owner.

(*e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.*)

4. Signature—YOU MUST SIGN BELOW

By signing below, I hereby certify that:

- I authorize the Plan to contact the person listed in **Section 3.** 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 have received the Plan's Disclosure Booklet and Tuition Savings Agreement (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 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 me 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. I understand that it is my responsibility to 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 my Accounts in 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 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.
- All the information that I provided on this form is true and accurate in all material respects. Ascensus Broker Dealer Services, LLC and its affiliates are entitled to rely on the information provided herein and the instructions provided on this form. I am bound by any and all statutory, administrative, and operating procedures that govern the Plan.

SIGNATURE

Signature of Account Owner

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Date (mm/dd/yyyy)

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