New York's 529 Advisor-Guided College Savings Program

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Payroll Direct Deposit Form

- Complete this form to add, change, or delete Payroll Direct Deposit instructions on your New York's 529 Advisor-Guided College Savings
 Program ("Advisor-Guided Plan" or "Plan") Account(s). You may also provide your Payroll Direct Deposit instructions when you log in to our
 website at www.ny529advisor.com.
- If you do not have an Account and wish to have Payroll Direct Deposit, please complete an Enrollment Application.
- 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 Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Plan and have communicated these deposit instructions to your employer.
- 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. Account Owner information

Name of Account Owner (first, middle initial, last)	
Telephone Number (In case we have a question about your Account.)	
Note: Contributions by Payroll Direct Deposit must total a minimum of \$25 per	month per Account.
Account Number	\$,
Name of Beneficiary (first, middle initial, last)	
Account Number	\$, 0 0
Name of Beneficiary (first, middle initial, last)	
Account Number	\$, 0 0

Note: Please use an additional sheet if you have more than 3 Accounts.

Name of Beneficiary (first, middle initial, last)



2. Payroll Direct Deposit instructions

Note: Contributions by Payroll Direct D	Deposit must total a minimur	m of \$25.00 per moi	nth
Check One:			
Add Payroll Direct Deposit	Change Amount	Delete	Payroll Direct Deposit (Skip to Section 3)
Deduct \$, 0 0 f Account(s) as detailed in Section 1 (\$			the amount among my Advisor-Guided Plan
Important: Check here if you are	an employee of the State o	f New York.	te Agency/Department
Signature — YOU MUST SIGI	N BELOW		
("Disclosure Booklet"). I understand Booklet. I understand that the New Disclosure Booklet, and I agree I will form shall be construed, governed, a I understand that the Disclosure Boo Owner and the Plan. No person is at I understand that I may incur federa without limitation non-qualified with Owners should seek advice from a content of I understand that contributions to the Insurance Corporation, the State of Services, Inc., and its affiliates, JP N Plan. There is no assurance that the the Account will not decrease in valuation of I understand that contributions that any other Qualified Tuition Program Balance set forth in the Disclosure Ethe Maximum Account Balance, all of I certify that all the information that Advisors LLC and its affiliates are enthat I am bound by any and all statu	let and Tuition Savings Agree that by signing this form, I a York's 529 Advisor-Guided Oll be subject to the terms of and interpreted in accordance oklet and the Plan forms signification of the terms of and interpreted in accordance oklet and the Plan forms signification of the accordance oklet and the Plan forms signification of the accordance of the Plan are not insured and the Plan will be accounts under the Plan will be accounted to the Plan will be accounted t	am agreeing to be he college Savings Prothose amendments are with the laws of the penalty taxes as a penalty taxes are count, or changing that the investment any other governments, Inc., or the investill generate any spenalty and are are any spenalty of the penalty of the pe	te the entire agreement between the Account greement. consequence of certain activities, including my Beneficiary to an ineligible person. Account returns are not guaranteed by the Federal Depos nt or government agency, Ascensus Broker Dealestment managers for the underlying funds in the cific rate of return; and there is no assurance that by other Accounts established in the Plan and in the Beneficiary to exceed the Maximum Account a contribution is made to my Account that exceeds returned to me or the contributor. all material respects, that Ascensus Investment in and the instructions provided on this form, and
SIGNATURE			
Signature of Account Owner			Date (mm/dd/yyyy)