New York's 529 Advisor-Guided College Savings Program

Rights of Accumulation Form

New York's 529 Advisor-Guided College Savings Program

- Complete this form to reduce the sales charges associated with the purchase of Class A Units in your New York's Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "the Plan") Account by aggregating your investments held with J.P. Morgan Funds and the Advisor-Guided Plan. Please refer to the New York's 529 Advisor-Guided College Savings Program Disclosure Booklet and Tuition Savings Agreement ("Disclosure Book-let") for more details.
- The information provided on this form will replace any existing Rights of Accumulation (ROA) information currently associated with your Account(s).
- This form must be received with a contribution check, or provided at least five (5) business days prior to a contribution for which the ROA total value will be applied.
- Incomplete information may cause your request to be delayed or rejected.

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

Fax #: 617.559.8916

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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Advisor-Guided Plan Account Number

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

The account information listed below meets the eligibility requirements for Rights of Accumulation as outlined in the Disclosure Booklet.

Name of Firm where Units or Shares are Held	Account Number	CUSIP, Symbol, or Fund Number of your A, B, or C Units or Shares of J.P. Morgan Funds	Current Market Value ($)
			$,
			$,
			$,
			$,
			$,

Valuation Date *(mm/dd/yyy)* — — **Total Value of Eligible Holdings** $,

Note: To list more than five accounts, use a separate sheet.

Signature—YOU MUST SIGN BELOW

This form may be signed by the Account Owner, Financial Professional, or Agent.

By signing below, I hereby certify that I agree to be bound by the terms and conditions of the Disclosure Booklet. I understand that the Advisor-Guided Plan may from time to time amend the Disclosure Booklet, and I agree I will be subject to the terms of those amendments. I affirm that the information provided on this form is true and accurate in all material respects. I also agree that the information listed above will replace any existing Rights of Accumulation information associated with my Advisor-Guided Plan Account(s).

SIGNATURE

Signature of Account Owner, Financial Professional, or Agent

Printed Name

NY ADV RIGHTS OF ACCUMULATION

J.P.Morgan ASSET MANAGEMENT