New York's 529 Advisor-Guided College Savings Program®

Incoming Rollover Form

New York's 529
Advisor Guided®
College Savings Program

- Complete this form to initiate a direct rollover or plan transfer from a New York's 529 College Savings Program *Direct Plan* Account, from another 529 plan account, or an Education Savings Account (ESA) to an existing Account in the New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "the Plan"). *(If you have not established an Account, you must also complete and enclose an **Enrollment Application.**)*

- Once every 12 months you may roll over assets from the same Beneficiary. You may also roll over assets at any time when you change your Beneficiary.

- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the completed, signed 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. Rollover type

☐ Transfer from 529 college savings plan account

☐ Transfer from an Education Savings Account (ESA)

☐ Re-allocation from a New York's 529 College Savings Program *Direct Plan* Account
Note: This option is considered an Investment Exchange for federal and state tax purposes.

2. Advisor-Guided Plan Account information

Account Number *(If you have not established an Account, also complete and enclose an **Enrollment Application.**)*

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

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

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

Name of Beneficiary *(first, middle initial, last)* *(Required)*

Mailing Address

City   State   Zip Code

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

3. Current 529 plan manager or ESA custodian (financial institution)

The account from which you are moving assets must have the same Account Owner name as well as Social Security number or Taxpayer Identification number as your Account with the Advisor-Guided Plan. Please contact your current 529 plan manager or custodian for the proper mailing address.

Account Number of Current 529 Plan Account or ESA (*Account from which you are transferring*)

Name of Current 529 Plan Manager or Custodian *(Financial institution where the funds are currently held)*

Full Name of Current 529 Plan (*Where the funds being transferred are currently held*) *(If applicable)*

Address

City   State   Zip Code

Contact Person   Telephone Number

☐ Check this box if the Beneficiary on this account differs from the Beneficiary indicated in **Section 2.**

4. Instructions to current 529 plan manager or ESA custodian

The assets described below must all be held by the financial institution indicated in **Section 3.** Your rollover or transfer proceeds will be invested according to the standing allocation instructions on file at the time the assets are received. If you have not established an Account, they will be invested according to what you choose on the **Enrollment Application.**

Check one.

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

A. ☐ **Roll over or transfer all of the assets in my account to the Advisor-Guided Plan.** *(Liquidate the following account(s) and send the check(s) to the New York's 529 Advisor-Guided College Savings Program per the instructions in **Section 6**.)*

Account Number $ Estimated Account Value

Account Number $ Estimated Account Value

B. ☐ **Roll over or transfer a portion of the assets as directed below to the Advisor-Guided Plan.** *(Liquidate the portion requested of the following account(s) and send the check(s) to New York's 529 Advisor-Guided College Savings Program per the instructions provided in **Section 6**.)*

Account Number   Name of Investment Portfolio

$ Amount

Account Number   Name of Investment Portfolio

$ Amount

5. **Signature — YOU MUST SIGN BELOW**

If your current 529 plan manager or ESA custodian requires a Medallion Signature Guarantee, do not sign below until you are in the presence of an authorized officer of a bank, broker, or other qualified financial institution. The guaranteeing institution is financially responsible if the signature is not genuine. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature. The lack of a required Medallion Signature Guarantee could delay this rollover or transfer.

I certify that I have read and understand, consent, and agree to all of the terms and conditions of the Disclosure Booklet and Tuition Savings Agreement of New York's 529 Advisor-Guided College Savings Program, and understand the rules and regulations governing rollover contributions and transfers from other 529 plans and Education Savings Accounts. I understand that IRS regulations permit only one rollover for the same Beneficiary in a 12-month period for 529 accounts.

SIGNATURE

Signature of Account Owner

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

Medallion Signature Guarantee — IF APPLICABLE

SIGNATURE

Signature Guarantor

Title

Name of Institution

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

Authorized Officer to place stamp here

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6. **Authorization and acceptance** *(No Account Owner action is necessary in this section.)*

The New York's 529 Advisor-Guided College Savings Program hereby agrees to accept the rollover or transfer described herein and upon receipt will deposit the proceeds in the Account established on behalf of the Account Owner named herein.

Margaret [signature]

Authorized signature, New York's 529 Advisor-Guided College Savings Program

INSTRUCTIONS TO CUSTODIAN

Send redemption proceeds by check to **New York's 529 Advisor-Guided College Savings Program, P.O. Box 55498 Boston, MA 02205-5498.** Make the check payable to **New York's 529 Advisor-Guided College Savings Program.** Include the Account Owner name and the Advisor-Guided Plan Account number on the check and enclose a statement that shows the principal and earnings in the Account.

ASCENSUS.

J.P.Morgan
ASSET MANAGEMENT

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