

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

Registered Investment Advisor or Financial Planner Enrollment Application

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

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account in New York's 529 Advisor-Guided College Savings Program® (the "Advisor-Guided Plan" or the "Plan") certain personal information—including name, street address, and date of birth, among other information—that will be used to verify his/her identity. If you do not provide us with this information, we will not be able to open your Account. If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

- 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 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. Account type

- Select one of the Account types below.
- If you do not select an Account type, we will open an individual Account for you.

Individual Account. I am opening a new Advisor-Guided Plan Account.

UGMA/UTMA Account. I am opening this Account with assets liquidated from an UGMA/UTMA custodial account. I am aware that this may be a taxable event.

Indicate the state (*please abbreviate*) in which the UGMA/UTMA custodial account was opened.

Business Entity/Trust Account. I am opening this Account as a corporation, partnership, association, estate, or trust. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Business Entity/Trust Account, and the authorization of the authorized signer, including the first and last pages of the trust. We may also request additional information from you.*)

Other Entities. I am opening this Account on behalf of a scholarship program sponsored by a non-profit or state or local governmental entity. (*You must include documentary evidence. Please enclose supporting documents substantiating the status of the Entity Account Owner and the authorization of the authorized signer. We may also request additional information from you.*)



* NY ADV RIA ENROLL *

2. Account Owner, UGMA/UTMA Custodian, Trust or Entity information *(The Account Owner is the person or entity who owns or controls the Account. If the Account Owner is a minor, provide parent/guardian's information in Section 5.)*

Legal First Name of the Account Owner, Custodian, or Trustee **(Required)** M.I.

Legal Last Name of the Account Owner, Custodian, or Trustee **(Required)**

Name of Entity/Trust if applicable **(Required)**

Social Security Number or Taxpayer Identification Number of Account Owner, Custodian, or Trustee **(Required)**

Entity/Trust Tax Identification Number **(Required only for Entity/Trust owned accounts)**

Account Owner, Custodian, or Trustee Birth Date **(Required)**

Trust Date **(Required only for Entity/Trust owned accounts)**

Citizenship **(Required)** U.S. **OR** Resident Alien *(Non-Resident Aliens are not eligible)* Country of Citizenship *(If not a U.S. Citizen)*

Primary Phone *(Providing at least one mobile phone number is preferred. We use phone numbers to contact you if we have questions about your Account and for your information security.)*

Secondary Phone

Email Address

Residential/Legal Address *(A P.O. box is not acceptable.)* **(Required)**

City State Zip Code

Account Mailing Address *(Required 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

3. Beneficiary information *(The Beneficiary is the future student. A Beneficiary is not required if the Account Owner is a non-profit organization.)*

Legal First Name **(Required)** M.I.

Legal Last Name **(Required)**

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

Birth Date *(mm/dd/yyyy)* **(Required)**

Citizenship **(Required)** U.S. **OR** Resident Alien *(Non-Resident Aliens are not eligible)* Country of Citizenship *(If not a U.S. Citizen)*

Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address **(Required)**

City State Zip Code

7. Investment Option selection

I am utilizing the services of a Registered Investment Advisor or financial planner who is compensated through an advisory account fee paid directly by me and who has waived the right to receive a sales commission or service fee in connection with my purchases. Please be sure that your Registered Investment Advisor or financial planner completes the "Financial Professional information" section above.

- Before choosing your Investment Option(s), see the Disclosure Booklet (*also available at www.ny529advisor.com*) for complete information about the investments offered.
- The assets will remain in the Portfolios you select until you make a withdrawal or exchange.
- You must allocate at least **1%** of your contributions to each Investment Option that you choose. Use whole percentages only.
- Your investment percentages must total **100%**.
- You may leave this section blank if this form is accompanied by the Change of Ownership Form, or you may complete this section to designate a new account asset allocation upon your ownership change.
- These Investment Options are designed to help you save for post-secondary higher education expenses.

Age-Based Investment Option:

JPMorgan 529 Age-Based Portfolio

(Your investment will be allocated to the appropriate Age-Based Portfolio for your Beneficiary's age.)

Advisor Class

%

Asset Allocation Portfolio Investment Options:

JPMorgan 529 Aggressive Portfolio

JPMorgan 529 Moderate Growth Portfolio

JPMorgan 529 Moderate Portfolio

JPMorgan 529 Conservative Growth Portfolio

JPMorgan 529 Conservative Portfolio

JPMorgan 529 College Portfolio

Advisor Class

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Single Fund Portfolio Investment Options:

SSGA 529 Portfolio S&P 1500 Composite Stock Market ETF Portfolio

JPMorgan 529 Equity Income Portfolio

JPMorgan 529 Large Cap Growth Portfolio

JPMorgan 529 Mid Cap Value Portfolio

JPMorgan 529 Growth Advantage Portfolio

SSGA 529 S&P 600 Small Cap ETF Portfolio

JPMorgan 529 Small Cap Equity Portfolio

JPMorgan 529 Realty Income Portfolio

SSGA 529 Portfolio Developed World ex-US ETF Portfolio

JPMorgan 529 International Equity Portfolio

SSGA 529 MSCI ACWI ex-US ETF Portfolio

JPMorgan 529 Core Bond Portfolio

JPMorgan 529 Core Plus Bond Portfolio

SSGA 529 Portfolio Aggregate Bond ETF Portfolio

JPMorgan 529 Short Duration Bond Portfolio

JPMorgan 529 Inflation Managed Bond Portfolio

JPMorgan 529 U.S. Government Money Market Portfolio

Advisor Class

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TOTAL %

10. Dollar-cost averaging *(Optional)*

- The minimum contribution to dollar-cost average is **\$5,000**. By selecting this feature, you authorize the Advisor-Guided Plan to exchange money automatically from one Portfolio to another on a monthly basis. The minimum exchange amount is \$100 per Portfolio.

Note: If dollar-cost averaging is established at the time the new Account is opened or instituted for new contributions to an existing Account, it will not count as an Investment Exchange. However, if you make any changes to your dollar-cost averaging selections, that will count as an Investment Exchange. The allocations will be made on the day of the month you specify below, or if no day is specified, on the 15th of the month. If such day is not a business day, the allocation will occur on the next succeeding business day and will continue until the dollar-cost averaging has completed per the instructions below. Stopping or changing the automatic allocation instructions with respect to prior contributions still remaining in the initial Portfolio will constitute a reallocation for purposes of Investment Exchange limitations. See the Disclosure Booklet for additional information.

Start Date*: - -
Date (mm/dd/yyyy)

Frequency:
(Check one): Monthly Quarterly Semi-annually Annually

Day of Allocation Exchange:
(dd)

Stop Type: Complete Portfolio Balance
(Check once): Specify Total Exchange Amount \$, .
(If less than complete Portfolio balance) (\$5,000 minimum)
 Stop Date - -
Date (mm/dd/yyyy)

I authorize the Advisor-Guided Plan to exchange from the following Investment Option *(Selected in Section 7.)*

\$, .
From Investment Option *(\$5,000 minimum initial portfolio investment)* Amount* *(\$100 minimum per month)*

To the following Investment Options

\$, .
To Investment Option Amount* *(\$100 minimum per Portfolio)*

\$, .
To Investment Option Amount* *(\$100 minimum per Portfolio)*

\$, .
To Investment Option Amount* *(\$100 minimum per Portfolio)*

* Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

12. Signature and Certification

Each person signing on behalf of an entity represents that his/her actions are authorized and that the information provided and all future information provided with respect to the Account is true, complete and correct.

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 Financial 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 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 the Investment Options offered by the Plan have been designed to save for post-secondary higher education expenses and that for **New York State tax** purposes, the earnings on a withdrawal used to pay K-12 Expenses will be considered a non-qualified withdrawal and will require the **recapture of any New York State tax benefits that have accrued on contributions**.
- 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.
- If I have completed **Section 11**, I further certify that:
 - I authorize the Plan to contact the person listed as my Trusted Contact Person 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 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.
 - I understand that by signing this form, I authorize Ascensus Investment Advisors, LLC or its affiliates to provide my Financial Professional with access to my Account and to perform transactions on my behalf. 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 Financial Professional.
 - 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.

I certify, under penalties of perjury, that:

- 1. the Social Security Number or Taxpayer ID Number I provided is correct;
- 2. I am a U.S. Citizen or legal U.S. Resident Alien; and
- 3. all the information on the Enrollment Application is correct.

Please note: Federal law allows distributions of up to \$10,000 per beneficiary per year for tuition expenses in connection with enrollment or attendance at an elementary or secondary public, private, or religious school. Under New York State law, however, distributions used to pay such expenses will be considered non-qualified withdrawals and will require the recapture of any New York State tax benefits that have accrued on contributions.

Important! Please read before making a contribution by check to New York’s 529 Advisor-Guided College Savings Program®.

For purposes of a New York State tax deduction, the contribution check must be from the Account Owner (person listed in **Section 2** of this form). All other non-owner contributions will not be eligible for a New York State tax deduction. Please see the Disclosure Booklet for further details.

I will retain a copy of this Enrollment Application and the Disclosure Booklet for my records.

SIGNATURE

Signature of Account Owner (If the Account Owner is a minor, the designated parent or guardian must sign.)

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Date (mm/dd/yyyy)