

# New York's 529 Advisor-Guided College Savings Program Broker Dealer Change Request Form



- This form will authorize the change of the Financial Professional firm listed on your New York's 529 Advisor-Guided College Savings Program Account.
- Investments may be made through Financial Professionals who have entered into a selling agreement with JPMorgan Distribution Services, Inc.
- 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](http://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:  <b>New York's 529 Advisor-Guided College Savings Program P.O. Box 55498 Boston, MA 02205-5498</b>	For overnight delivery or registered mail, send to:  <b>New York's 529 Advisor-Guided College Savings Program 95 Wells Avenue, Suite 155 Newton, MA 02459</b>
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## 1. Account information *(List applicable Account numbers.)*

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

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

## 2. New Financial Professional information *(To be completed by the Financial Professional.)*

Firm Name

Financial Professional Name *(first, middle initial, last)*

Branch Number *(If applicable)*

Financial Professional ID Number/IRD Number

BIN Number *(If applicable)*

Networking Level *(If applicable)*

Mailing Address

City

State

Zip Code

Telephone Number



\* NY ADV BD CHG \*

**3. SIGNATURE — MUST SIGN BELOW**

**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 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, Inc., 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 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 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.
- I certify that 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.

SIGNATURE

Signature of Account Owner

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of New Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)