

New York's 529 Advisor-Guided College Savings Program Employer Group Verification Form



- Complete this form to establish a new or add to an existing Employer Group. Please see the Disclosure Booklet for more information.
- 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, 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:	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. Employer or Existing Group information

Name of Employer

Employer Tax ID

Present Number of Active Employees or Members

Street Address

City

State

Zip Code

Telephone Number

Fax Number

Name of Employer Group

Contact Person

E-mail Address

Contact Telephone Number



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

Form for Firm Name: 25 empty boxes

Firm Name

Form for Financial Professional Name: 25 empty boxes

Financial Professional Name (first, middle initial, last)

Form for Branch Number: 8 empty boxes

Branch Number (If applicable)

Form for Financial Professional ID Number/IRD Number: 14 empty boxes

Financial Professional ID Number/IRD Number

Form for BIN Number: 12 empty boxes

BIN Number (If applicable)

Form for Networking Level: 5 empty boxes

Networking Level (If applicable)

Form for Mailing Address: 25 empty boxes

Mailing Address

Form for City: 15 empty boxes

City

Form for State: 2 empty boxes

State

Form for Zip Code: 5 empty boxes, followed by a dash and 4 empty boxes

Zip Code

Form for Telephone Number: 3 empty boxes, dash, 3 empty boxes, dash, 4 empty boxes

Telephone Number

3. New or Existing Account Owners to be Established under Employer Group

To add existing Accounts to this new group, list the existing Account Owner information below. Attach any new Enrollment Applications you are prepared to submit now and list the new Account Owner information below as well. The Program will send the new Group ID to the Financial Professional for use on future Enrollment Applications. The new Group ID will be applied to all Accounts for these existing and new Account Owners.

Form for Account Owner Name: 25 empty boxes

New or Existing Account Owner Name

Form for Social Security Number: 3 empty boxes, dash, 2 empty boxes, dash, 4 empty boxes

Social Security Number or Taxpayer Identification Number

Form for Account Owner Name: 25 empty boxes

New or Existing Account Owner Name

Form for Social Security Number: 3 empty boxes, dash, 2 empty boxes, dash, 4 empty boxes

Social Security Number or Taxpayer Identification Number

Form for Account Owner Name: 25 empty boxes

New or Existing Account Owner Name

Form for Social Security Number: 3 empty boxes, dash, 2 empty boxes, dash, 4 empty boxes

Social Security Number or Taxpayer Identification Number

Form for Account Owner Name: 25 empty boxes

New or Existing Account Owner Name

Form for Social Security Number: 3 empty boxes, dash, 2 empty boxes, dash, 4 empty boxes

Social Security Number or Taxpayer Identification Number

4. SIGNATURE — MUST SIGN BELOW

By signing below, I hereby certify that:

- all of the information provided on this form is complete and correct.
- this Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the New York’s 529 Advisor-Guided College Savings Program Disclosure Booklet.

SIGNATURE

Signature of Employer Group Contact

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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