

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

# Enrollment Application for Merrill Lynch New York Residents

New York's 529  
**Advisor<sup>1</sup>Guided<sup>®</sup>**  
College Savings Program

**For questions regarding this application, please call your Merrill Lynch Financial Advisor or Merrill Edge Financial Solutions Advisor.**

**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.

- Your initial investment must be at least: \$25 per month or \$75 per quarter by Automatic Investment Plan (AIP); \$25 per month by Payroll Direct Deposit; or \$1,000 by check or Electronic Bank Transfer (EBT).
- 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.
- Return this form to your Merrill Lynch Financial Advisor.

<p><b>Clients</b></p> <p>Send your completed new account application, initial contribution check and/or Rollover Form (if applicable) to your Merrill Lynch Financial Advisor.</p>	<p><b>Merrill Lynch Financial Advisor</b></p> <p>Please send the completed application and any additional required paperwork to the following address to ensure timely processing.</p> <p><b>Merrill Lynch - College Plan Services</b> <b>1400 American Boulevard, 3rd Floor North</b> <b>Pennington, NJ 08534</b></p>	<p><b>Merrill Edge Financial Solutions Advisor</b></p> <p>Please follow internal procedures for account processing.</p>
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## 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.*)



**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 *(If applicable)* **(Required)**

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

Trust Date *(If applicable)* **(Required)**

Citizenship **(Required)**  U.S. **OR**  Resident Alien *(Non-Resident Aliens are not eligible)*

Country of Citizenship *(If not a U.S. Citizen)*

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

Email Address

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

City

State **N Y**

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



6. Sales charge discount or waiver for Class A Units (If Applicable)

- To qualify for a sales charge reduction, you must notify the Advisor-Guided Plan.
- Check all that apply.

A.  **Qualified Employee.** I am eligible for a sales charge waiver under the terms of the Disclosure Booklet because I am employed by, or related to someone employed by:

Legal Name (first, middle initial, last)

Qualifying Employer's Name

**Relationship**    Self    Spouse    Domestic Partner    Child    Officer, Director, or Trustee  
 Parent    Grandparent    Grandchild    Dependent of the Person

B.  **Rights of Accumulation (ROA).** Check this box if you or an immediate family member owns Units in the Advisor-Guided Plan or Shares of J.P. Morgan Funds that are eligible to be combined for a reduced sales charge. Include the account number(s) and market value(s) below. Please see the Disclosure Booklet for additional information. **Note:** To list more than two accounts, use a separate sheet.

Legal Name of Family Member (first, middle initial, last)

—   
529 Account Number

OR

Account Number (Where J.P. Morgan Funds are held)

\$   
Market Value

CUSIP, Fund Number, or Symbol

Legal Name of Family Member (first, middle initial, last)

—   
529 Account Number

OR

Account Number (Where J.P. Morgan Funds are held)

\$   
Market Value

CUSIP, Fund Number, or Symbol

C.  **Letter of Intent.** I intend to make additional purchases into Class A Units in the Advisor-Guided Plan or shares of J.P. Morgan Funds and understand that I can reduce my sales charges through accumulated investments. Please see the Disclosure Booklet for additional information. I plan to invest over a 13-month period following the date of receipt of this application an aggregate amount of at least:

\$50,000    \$100,000    \$250,000    \$500,000    \$1,000,000

I am already investing under an existing **Letter of Intent:**

—   
Account Number

D.  **Employer Group.** To qualify for a reduced Class A sales charge as an eligible member of an Employer Group, your Employer Group must be eligible for this program pursuant to the eligibility requirements set out in the Disclosure Booklet. Please provide your Employer Group name and number below.

Employer Group Name

Employer Group Number

## 7. Choice of Unit Class and Investment Portfolios

- Please select only one Unit Class below. Each Unit Class has a different fee and expense structure. Please refer to the Offering Statement for a complete explanation. Applications received that do not indicate a Unit Class for investment will be returned for completion.
- A Units – May be appropriate for investors who anticipate being invested in the plan for at least 7 years or for investments over certain dollar thresholds across all your accounts (since purchases will be eligible for reduced sales charges – See Offering Statement for more information.)
- C Units – May be appropriate for investors who anticipate being invested in the plan for less than 7 years.

### Signature required below if:

- You select A Units and your Designated Beneficiary is age 14 or older at the time of application, unless, 1) your total investment across all your accounts is \$250,000 or greater or 2) you are eligible to purchase A Units without a sales charge; or
- You select C Units and your Designated Beneficiary is age 10 or younger at the time of application.

### Fee Disclosure Notice:

**A Units** - Have an upfront sales charge, but lower ongoing annual asset based fees than C Units. Therefore, A Units may be considered to be more economical over longer investment time horizons and more appropriate for investors who anticipate being invested in the New York's 529 Advisor-Guided College Savings Program® for 7 years or longer. Additionally, if you are entitled to a reduction of the sales charge based on the amount of your investment, the number of years at which A Units may incur lower overall fees as those that would have been incurred by C Units may be less than 7 years.

**C Units** – C Units do not have an upfront sales charge, however, they have higher ongoing annual asset based fees than A Units. C Units may incur less fees than A Units over shorter investment time horizons, and may be more appropriate for investors who anticipate being invested in the New York's 529 Advisor-Guided College Savings Program® for less than 7 years and are not entitled to a sales charge reduction on A Units based on the amount of their investment in the plan. Please note that if C Units are liquidated and withdrawn from the account within 12 months of the purchase, they may be subject to a contingent deferred sales charge.

### Fee Acknowledgment:

**I understand that by selecting a share class and associated fee structure outside the suggested guidelines provided above, that the fees and expenses incurred over my expected investment holding period may exceed what the fees and expenses would have been if I selected the suggested share class. I understand that I will receive an annual reminder notice from Merrill Lynch as long as I am investing in a share class outside the suggested guidelines.**

SIGNATURE

Account Owner Signature

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Date (mm/dd/yyyy)

**7. Choice of Unit Class and Investment Portfolios** *(continued)*

- Before choosing your Investment Option(s), see the Disclosure Booklet *(also available at [www.ny529advisor.com](http://www.ny529advisor.com))* for complete information about the investments offered.
- 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%**.

**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.)*

**Class A Units**

%

**Class C Units**

%

**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

JPMorgan 529 All Fixed Income Portfolio

**Class A Units**

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**Class C Units**

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**Single Fund Portfolio Investment Options:**

SSGA 529 Russell 3000 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 S&P 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 Short Duration Bond Portfolio

JPMorgan 529 Inflation Managed Bond Portfolio

JPMorgan 529 U.S. Government Money Market Portfolio

**Class A Units**

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**Class C Units**

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## 11. 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 advisor.
- 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 that by signing this form, I authorize Ascensus Investment Advisors, LLC or its affiliates to provide my Financial Advisor 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, Inc., 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 Advisor.
- 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.

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

For purposes of a NY 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 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.

By signing this account application, I understand and agree that I will also receive the Bank of America U.S. Consumer Privacy Notice, in addition to other required disclosures following the opening of my account. I also understand that the Bank of America U.S. Consumer Privacy Notice is accessible anytime on [www.ml.com/privacy](http://www.ml.com/privacy).

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)



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