

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

- 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.

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 EMP 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 (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 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

I am an employee, immediate family member of an employee, officer, retiree, director or trustee of J.P. Morgan (including its subsidiaries and affiliates), J.P. Morgan Funds or the Program Manager.

Employee Name

Relationship to employee:

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

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

4. Successor Account Owner information

- The Successor Account Owner is the person designated to assume Account ownership in the event of the Account Owner's death.
- You may revoke or change the Successor Account Owner at any time. See the New York's 529 Advisor-Guided College Savings Program® Disclosure Booklet and Tuition Savings Agreement (Disclosure Booklet) for more information.

Legal First Name M.I.

Legal Last Name

Birth Date (mm/dd/yyyy)

5. Designated Parent/Guardian information

• Complete this section only if the Account Owner listed in Section 2 is a minor.

Legal First Name of Parent or Guardian (Required) M.I.

Legal Last Name of Parent or Guardian (Required)

Social Security Number or Taxpayer Identification Number (Required) Birth Date (mm/dd/yyyy) (Required)

6. Financial Advisor information (Not for shareholder use.)

Branch Number

Dealer Number

7. Investment Option selection

- 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%**.

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

JPMorgan 529 All Fixed Income Portfolio

Advisor Class

%

%

%

%

%

%

%

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

Advisor Class

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

8. Initial contribution

- Your initial contribution 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).
- Your initial contribution can come from several sources combined. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions will not be available for withdrawal for seven (7) business days.

Source of funds (Check all that apply.)

A. Personal check.

Important: All checks must be payable to **New York’s 529 Advisor-Guided College Savings Program®**.

Note: Third-party personal checks will only be accepted if they are payable to the Account Owner or Beneficiary, are for an amount less than \$10,000, and are properly endorsed.

\$, .

Amount

B. **Electronic Bank Transfer (EBT).** You can make a contribution by transferring money from your bank account.

To set this up, you must provide bank information in **Section 9c**. The maximum contribution through a one-time EBT may be limited. See the Disclosure Booklet for more details.

(The amount below will be a one-time EBT contribution to open your Account.)

\$, .

Amount

C. **Automatic Investment Plan (AIP).** You can have a set amount automatically transferred from your bank account on a monthly or quarterly basis. To set this up you must complete **Section 9a** and **Section 9c**.

\$, .

Amount (\$25 monthly/\$75 quarterly minimum)

Frequency:

(Check one) Monthly Quarterly

D. **Payroll Direct Deposit.** If you want to make contributions to your Advisor-Guided Plan Account directly as a Payroll Direct Deposit, you must contact your employer’s payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to the Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Plan and have communicated these deposit instructions to your employer. **Note:** Contributions by Payroll Direct Deposit must total a minimum of \$25 per month per Account.

\$, .

Amount per Pay Period

Check here if you are an employee of the State of New York.

State Agency/Department

E. **Direct rollover or plan transfer from a New York’s 529 College Savings Program Direct Plan Account, another 529 plan account, or an Education Savings Account (ESA).** By law, rollovers between 529 plans with the same Beneficiary are permitted only once every 12 months. Complete and attach an **Incoming Rollover Form**. You can get this form online at **www.ny529advisor.com** or by calling **1.800.774.2108**.

\$, .

Amount (Estimated)

F. **Indirect rollover from another 529 plan account, Education Savings Account (ESA), or qualified U.S. savings bond.**

You can transfer money from one of these options to your bank account and from there, to the Advisor-Guided Plan.

Important: Indirect rollovers require the documentation described below. If you do not provide this documentation, the entire amount will be considered earnings, which could result in adverse tax consequences, particularly if you later make a non-qualified withdrawal from your Advisor-Guided Plan Account.

• **Indirect rollover from another 529 plan or an ESA**—Enclose documentation from the distributing financial institution showing contributions and earnings.

• **Indirect rollover from qualified U.S. savings bonds**—Include a statement or IRS Form 1099-INT, issued by the distributing financial institution, that shows the interest paid as of the redemption date.

\$, .

\$, .

Contributions Earnings

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.

Start Date*:

— —
Date (mm/dd/yyyy)

Frequency:

(Check one)

Monthly Quarterly Semi-annually Annually

Day of Allocation Exchange:

(dd)

Stop Type:

(Check one)

Complete Portfolio Balance

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 \$, .
Amount* (\$100 minimum)

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.

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.

SIGNATURE

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

□□ — □□ — □□□□

Date (mm/dd/yyyy)