

# 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](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</b> <b>P.O. Box 55498</b> <b>Boston, MA 02205-5498</b>	For overnight delivery or registered mail, send to:  <b>New York's 529 Advisor-Guided College Savings Program</b> <b>95 Wells Avenue, Suite 155</b> <b>Newton, MA 02459</b>
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### 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





**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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