

New York's 529 Advisor-Guided College Savings Program

Enrollment Application

New York's 529
AdvisorGuided[®]
 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.

- 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 6 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 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.)*



* N Y A D V E N R O L L *

6. 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

Financial Professional Email

By signing below, I certify that I am the Financial Professional to the Account Owner named in **Section 2** above and that the information provided in this **Section 6** is true and correct and that Ascensus Investment Advisors, LLC and its affiliates may rely on it in administering this Account.

SIGNATURE

Financial Professional Signature

Date *(mm/dd/yyyy)*

9. Initial contribution

- Your initial contribution must be at least: \$25 per month or \$75 per quarter by Recurring Contribution; \$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: Checks payable to the Account Owner or Beneficiary, if \$10,000 or less, may be accepted if 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 10c**. The maximum contribution through a one-time EBT may be limited. See the Disclosure Booklet for more details.

\$, .

Amount (to debit from your bank account **immediately** upon opening your Account)

C. **Recurring Contribution.** 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 10a** and **Section 10c**.

\$. **0 0**

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

Frequency:

Monthly

Quarterly

(Check one)

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.

\$. **0 0**

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

Amount per Pay Period

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

G. **Change of Ownership.** Select this if the initial contribution is a transfer from an existing Advisor-Guided Plan Account currently owned by someone else (must include a Change of Ownership Form or other documentation as instructed).

10. Future contributions (Optional)

You may make future contributions by personal check or electronically through Recurring Contributions or by Electronic Bank Transfer (EBT).

Important: The Recurring Contribution and Electronic Bank Transfer options can be used only with accounts held by a U.S. bank, savings and loan association, or credit union that is a member of the Automated Clearing House (ACH) network. Money market mutual funds and cash management accounts offered by non-bank financial companies are not members of the ACH network. For further information, please refer to the Disclosure Booklet.

- Contributions by Recurring Contribution or Electronic Bank Transfer will not be available for withdrawal for seven (7) business days.

A. **Recurring Contributions.** Through Recurring Contributions, money will be transferred electronically at regular monthly or quarterly intervals from your bank, savings and loan association, or credit union account to your Advisor-Guided Plan Account. You may cancel or change the investment amount and frequency at any time by logging onto your Account at www.ny529advisor.com or by calling **1.800.774.2108**.

Note: A plan of regular investment cannot assure a profit or protect against a loss in a declining market.

Important: To set up this option, you must provide bank information in **Section 10c**.

Amount of Debit: \$ **Frequency:**
(\$25 monthly/\$75 quarterly minimum) **(Check one)** **Monthly** **Quarterly**

Start Date*: - -
 Date (mm/dd/yyyy)

* Your bank account will be debited on the day you designate, provided the day is a regular business day. You will receive the trade date of the business day on which the bank debits occurs. If no date is indicated, debits will be made on the 15th day of the month or on the next business day thereafter. See the Disclosure Booklet for more details.

Annual Increase. You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

** The month in which your Recurring Contribution will be increased. The first increase will occur at the first instance of your selected date of the month.

B. **Electronic Bank Transfer.** Through Electronic Bank Transfer, you can make a contribution of at least \$25 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future Electronic Bank Transfer contributions.

Important: To set up this option, you must provide bank information in **Section 10c**.

C. Bank information. Required to establish the Recurring Contribution or Electronic Bank Transfer service. The Account Owner listed in **Section 2** must be a registered owner of the bank account listed below.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name _____

Bank Registration (Name on bank account; of which 529 Account Owner must be registered.)

--	--	--	--	--	--	--	--	--

A horizontal row of twelve empty square boxes, intended for children to draw a picture for each letter in the word 'WATER'.

Account Type:
(Check one) Checking Savings

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

11. 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. See the Disclosure Booklet for additional information.

Start Date*:

— —

Date (mm/dd/yyyy)

Frequency:

(Check one)

Day of Allocation Exchange:

(dd)

Stop Type:

(Check one)

Complete Portfolio Balance

Specify Total Exchange Amount
(If less than complete Portfolio balance)

Stop Date

\$, .

(\$5,000 minimum)

— —

Date (mm/dd/yyyy)

I authorize the Advisor-Guided Plan to exchange from the following Investment Option (Selected in Section 8.)

From Investment Option (\$5,000 minimum initial Portfolio investment)

\$, .

Amount* (\$100 minimum per month)

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.

12. Trusted Contact Person *(Optional)*

- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing.
- By completing this **Section 12**, you designate the person identified below as your Trusted Contact Person, and authorize the Advisor-Guided Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns to contact your Trusted Contact Person and disclose information about your Plan account:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- A Trusted Contact Person must be at least eighteen (18) years of age.
- **This election does not create or give your Trusted Contact Person a power of attorney. Your Trusted Contact Person will not be able to access your Account or transfer assets to or from your Account.**

Name of Trusted Contact Person (*first, middle initial, last*)

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

Trusted Contact Person's Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

A horizontal row of 15 empty square boxes, intended for children to draw a picture for each day of the month.

City

ANSWER

State

$$\boxed{} \quad \boxed{} \quad \boxed{} \quad \boxed{} \quad \boxed{} - \boxed{} \quad \boxed{} \quad \boxed{} \quad \boxed{}$$

Zip Code

Relationship to Account Owner:

1. **What is the primary purpose of the study?**

(e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

13. 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 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, LLC, 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 the Investment Options offered by the Plan have been designed to save for post-secondary higher education expenses and that for **New York State tax purposes**, withdrawals used to pay K-12 Tuition Expenses will be considered nonqualified withdrawals and will require the **recapture of any New York State tax benefits that have accrued on contributions**.
- 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.
- If I have completed **Section 12**, I further certify that:
 - I authorize the Plan to contact the person listed as my Trusted Contact Person above and disclose information about my Account to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165. I certify that the Trusted Contact Person is at least eighteen (18) years of age.
 - I understand that by signing this form, I authorize Ascensus Broker Dealer Services, LLC or its affiliates to provide my Trusted Contact Person with information regarding my Account. 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 Trusted Contact Person.
 - I understand that 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.
 - 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 and Certification (continued)**I certify, under penalty of perjury, that:**

- the Social Security Number or Taxpayer ID Number I provided is correct;
- I am a U.S. Citizen or legal U.S. Resident Alien; and
- all the information on the Enrollment Application is correct.

Please note: Federal law allows distributions of up to \$10,000 per beneficiary per year for tuition expenses in connection with enrollment or attendance at an elementary or secondary public, private, or religious school (K-12 Tuition Expenses). Under New York State law, however, distributions used to pay such expenses will be considered non-qualified withdrawals and will require the recapture of any New York State tax benefits that have accrued on contributions.

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

For purposes of a New York 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 New York 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)