New York's 529 Advisor-Guided College Savings Program

Payroll Direct Deposit Form

New York's 529 Advisor Guided® College Savings Program

- Complete this form to add, change, or delete Payroll Direct Deposit instructions on your New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "Plan") Account(s). You may also provide your Payroll Direct Deposit instructions when you log in to our website at **www.ny529advisor.com**.
- If you do not have an Account and wish to have Payroll Direct Deposit, please complete an **Enrollment Application**.
- 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 Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Plan and have communicated these deposit instructions to your employer.
- 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 Owner information

Name of Account Owner *(first, middle initial, last)*

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

Note: Contributions by Payroll Direct Deposit must total a minimum of $25 per month per Account.

— $,. 0 0
Account Number — Amount per Pay Period

Name of Beneficiary *(first, middle initial, last)*

— $,. 0 0
Account Number — Amount per Pay Period

Name of Beneficiary *(first, middle initial, last)*

— $,. 0 0
Account Number — Amount per Pay Period

Name of Beneficiary *(first, middle initial, last)*

Note: Please use an additional sheet if you have more than 3 Accounts.

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2. Payroll Direct Deposit instructions

Note: Contributions by Payroll Direct Deposit must total a minimum of $25.00 per month

Check One:

☐ Add Payroll Direct Deposit ☐ Change Amount ☐ Delete Payroll Direct Deposit *(Skip to **Section 3**)*

Deduct **$** ☐,☐☐☐.**0 0** from my paycheck each pay period and allocate the amount among my Advisor-Guided Plan Account(s) as detailed in **Section 1** ($25 minimum per Account per month):

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

State Agency/Department

3. Signature — YOU MUST SIGN BELOW

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 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, 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 certify that 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

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

J.P.Morgan
Asset Management