







### 7. Investment Option selection

I am utilizing the services of a Registered Investment Advisor or financial planner who is compensated through an advisory account fee paid directly by me and who has waived the right to receive a sales commission or service fee in connection with my purchases. Please be sure that your Registered Investment Advisor or financial planner completes the "Financial Professional information" section above.

- 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.
- 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%**.
- You may leave this section blank if this form is accompanied by the Change of Ownership Form, or you may complete this section to designate a new account asset allocation upon your ownership change.
- These Investment Options are designed to help you save for post-secondary higher education expenses.

#### 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

#### Advisor Class

%

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#### Single Fund Portfolio Investment Options:

- SSGA 529 Portfolio S&P 1500 Composite Stock Market ETF Portfolio
- JPMorgan 529 Equity Income Portfolio
- JPMorgan 529 Large Cap Growth Portfolio
- JPMorgan 529 Mid Cap Value Portfolio
- JPMorgan 529 Growth Advantage Portfolio
- JPMorgan 529 BetaBuilders U.S. Small Cap Equity ETF Portfolio
- JPMorgan 529 Small Cap Equity Portfolio
- JPMorgan 529 Realty Income ETF Portfolio
- SSGA 529 Portfolio Developed 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 Core Plus Bond Portfolio
- SSGA 529 Portfolio Aggregate Bond ETF Portfolio
- JPMorgan 529 Short Duration Bond Portfolio
- JPMorgan 529 Inflation Managed Bond ETF Portfolio
- JPMorgan 529 Stable Asset Income Portfolio
- JPMorgan 529 U.S. Sustainable Leaders Portfolio

#### Advisor Class

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TOTAL  %





**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. See the Disclosure Booklet for additional information.

**Start Date\*:**

—   —      
Date (mm/dd/yyyy)

**Frequency:**

*(Check one):*

Monthly       Quarterly       Semi-annually       Annually

**Day of Allocation Exchange:**

*(dd)*

**Stop Type:**

*(Check once):*

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 *(\$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. 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<sup>®</sup> ("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<sup>®</sup> ("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 or Qualified Loan Repayments 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 11**, 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.

**I certify, under penalty 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.

**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) and distributions to repay qualified education loans of a beneficiary or beneficiary’s sibling of up to \$10,000 per individual (Qualified Loan Repayment). 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.)

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Date (mm/dd/yyyy)