

New York's 529 Advisor-Guided College Savings Program

Additional Contribution Form



- Complete this form to make additional contributions to an established New York's 529 Advisor-Guided College Savings Program ("Advisor-Guided Plan" or "Plan") Account by check or rollover.
- For your contribution to be invested, you must clearly print all required information and include a check payable to **New York's 529 Advisor-Guided College Savings Program** for an amount matching the amount below.
- Type in the 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.
- Contributions will not be available for withdrawal for seven (7) business days.

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:

For overnight delivery or registered mail, send to:

New York's 529 Advisor-Guided College Savings Program
P.O. Box 55498
Boston, MA 02205-5498

New York's 529 Advisor-Guided College Savings Program
95 Wells Avenue, Suite 155
Newton, MA 02459

Account Number *(Include your Account number on your check.)*

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

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

1. Source of Funds. *(Your additional contributions must be at least \$25.)*

A. **Personal check. Important:** All checks must be made payable to **New York's 529 Advisor-Guided College Savings Program**.

\$, .

Amount

Using the boxes below please advise how your contribution should be invested:

(If nothing is selected, your funds will be deposited according to your current allocations.)

By Standing Allocations

By Specified Portfolios

(This will be a one-time contribution of funds into Specific Portfolio(s) of your choosing; this will not change your standing future allocation instructions.)

% or \$.

% or \$.

% or \$.

NOTE: If you wish to select more than 3 portfolios, please attach a separate piece of paper.



B. **Indirect rollover from another 529 plan account, an 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 qualified 529 plan or an ESA**—Enclose documentation from the distributing financial institution detailing a breakdown of contributions and earnings.
- **Indirect rollover from qualified U.S. savings bonds**—Please include a statement or IRS Form 1099-INT issued by the distributing financial institution that shows the interest paid upon redemption.

\$
Contributions

\$
Earnings

2. **Dollar-cost averaging (Optional)**

- The minimum contribution to participate in dollar-cost averaging 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 per frequency selected below.

Note: If dollar-cost averaging is 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 any Investment Exchange limitations.

Start Date: — —
Date (mm/dd/yyyy)

Frequency:
(Check one): Monthly Quarterly Semi-annually Annually

Day of Allocation Exchange:
(dd)

Stop Type: Complete Portfolio Balance
(Check one):

Specify Total Exchange Amount \$
(if less than the complete Portfolio balance) (\$5,000 minimum)

Stop Date — —
Date (mm/dd/yyyy)

Note: Dollar-cost averaging instructions are continued on **Page 3**.

I authorize the Advisor-Guided Plan to exchange from the following Investment Option

[Empty box for Investment Option]

From Investment Option

\$ [] [] [] [] [] [] [] [] [] []

Amount* (\$100 minimum)

Important: This is the Portfolio to which your enclosed contribution will be allocated. This will not change future allocation instructions on file.

To the following Investment Options

[Empty box for Investment Option]

To Investment Option

\$ [] [] [] [] [] [] [] [] [] []

Amount* (\$100 minimum per Portfolio)

[Empty box for Investment Option]

To Investment Option

\$ [] [] [] [] [] [] [] [] [] []

Amount* (\$100 minimum per Portfolio)

[Empty box for Investment Option]

To Investment Option

\$ [] [] [] [] [] [] [] [] [] []

Amount* (\$100 minimum per Portfolio)

*Amount per Portfolio per frequency selected above. Please specify only dollar amounts, not percentages.

3. Signature

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 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.

SIGNATURE [Empty box]

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

[] [] - [] [] - [] [] [] []

Date (mm/dd/yyyy)