

# Future Path 529 Plan Employer Group Verification Form



- Complete this form to establish a new or add to an existing Employer Group. Please see the Future Path 529 Plan Description and Participation Agreement (“Plan Description”) 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.futurepath529.com](http://www.futurepath529.com), or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: <b>Future Path 529 Plan</b> <b>P.O. Box 55578</b> <b>Boston, MA 02205-5578</b>	For overnight delivery or registered mail, send to: <b>Future Path 529 Plan</b> <b>95 Wells Avenue, Suite 155</b> <b>Newton, MA 02459-3204</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



**2. 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

**3. New or Existing Account Owners to be Established under Employer Group**

To add existing Accounts to this new group, list the existing Account Owner information below. Attach any new **Enrollment Applications** you are prepared to submit now and list the new Account Owner information below as well. The Program will send the new Group ID to the Financial Professional for use on future **Enrollment Applications**. The new Group ID will be applied to all Accounts for these existing and new Account Owners.

New or Existing Account Owner Name

—  —   
Social Security Number or Taxpayer Identification Number

New or Existing Account Owner Name

—  —   
Social Security Number or Taxpayer Identification Number

New or Existing Account Owner Name

—  —   
Social Security Number or Taxpayer Identification Number

New or Existing Account Owner Name

—  —   
Social Security Number or Taxpayer Identification 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 Future Path 529 Plan Description and Participation Agreement (“Plan Description”).

SIGNATURE

Signature of Employer Group Contact

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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