

Future Path 529 Plan[®]
**Registered Investment Advisor or
 Financial Planner Enrollment Application**

Future Path
 529 Plan ➔

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. We are required by federal law to obtain from each person who opens an Account in Future Path 529 Plan[®] ("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.

- Your initial investment must be at least: \$15 per month or \$45 per quarter by Recurring Contribution; \$15 per month by Payroll Direct Deposit; or \$15 by check or Electronic Funds Transfer (EFT).
- 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, 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:

Future Path 529 Plan
P.O. Box 55578
Boston, MA 02205-5578

For overnight delivery or registered mail, send to:

Future Path 529 Plan
95 Wells Ave., 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 Future Path 529 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 state 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 Account and the authority of the person signing this Enrollment Application. We may also request additional information from you.)



2. Account Owner or UGMA/UTMA Custodian, Trust or Entity information

(The Account Owner is the person or entity who owns or controls the Account.)

M.I.
Legal First Name of the Account Owner, Custodian, or Trustee **(Required)**

Legal Last Name of the Account Owner, Custodian, or Trustee **(Required)**

Name of Entity/Trust *(If applicable)* **(Required)**

Social Security Number or Taxpayer Identification Number of Account Owner, Custodian, or Trustee **(Required)**

Entity/Trust Tax Identification Number *(Required only for Entity/Trust owned accounts)*

Account Owner, Custodian, or Trustee Birth Date *(mm/dd/yyyy)* **(Required)**

Trust Date *(mm/dd/yyyy)* *(Required only for Entity/Trust owned accounts)*

Citizenship **(Required)** U.S. **OR** Resident Alien (Non-Resident Aliens are not eligible)
Country of Citizenship (If not a U.S. Citizen)

Primary Phone

Secondary Phone
(Providing at least one mobile phone number is preferred. We use phone numbers to contact you if we have questions about your Account and for your information security.)

Email Address

Residential/Legal Address *(A P.O. box is not acceptable.)* **(Required)**

City State Zip Code

Account Mailing Address *(Required if different from above. This address will be used as the Account's address of record and for all Account mailings.)*

City State Zip Code

3. Designated Beneficiary information *(The Beneficiary is the future student. A Beneficiary is not required if the Account Owner is a non-profit organization.)*

Check if Family member(s) participate in Nevada College Kick Start Program

M.I.
Legal First Name **(Required)**

Legal Last Name **(Required)**

Social Security Number or Taxpayer Identification Number **(Required)**

Birth Date *(mm/dd/yyyy)* **(Required)**

Citizenship **(Required)** U.S. **OR** Resident Alien (Non-Resident Aliens are not eligible)
Country of Citizenship (If not a U.S. Citizen)

Check if Beneficiary's address is the same as Account Owner, otherwise complete the following:

Mailing Address **(Required)**

City State Zip Code

4. Successor Account Owner information

- The Successor Account Owner is the person designated to assume Account ownership in the event of the Account Owner’s death.
- You may revoke or change the Successor Account Owner at any time. See the Plan Description and Participation Agreement for more information.

Legal First Name M.I.

Legal Last Name

Birth Date (mm/dd/yyyy) Telephone Number

5. 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/IRD Number BIN Number *(If applicable)* Networking Level *(If applicable)*

Mailing Address

City State Zip Code

Telephone Number Extension

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 5** is true and correct and that Ascensus College Savings Recordkeeping Services, LLC and its affiliates may rely on it in administering this Account. I understand and acknowledge that the Plan and its service providers may, in their discretion, terminate my ability to access the Account.

Financial Professional Signature Date (mm/dd/yyyy)

6. 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 Plan Description (*also available at www.futurepath529.com*) for complete information about the investments offered.
- 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%**.

Enrollment Year Portfolios:

Future Path 529 College 2042 Portfolio

Future Path 529 College 2039 Portfolio

Future Path 529 College 2036 Portfolio

Future Path 529 College 2033 Portfolio

Future Path 529 College 2030 Portfolio

Future Path 529 College 2027 Portfolio

Future Path 529 College Enrollment Portfolio

Class Z Units

%

%

%

%

%

%

%

Designed to allow you to select a Portfolio based upon the Beneficiary’s anticipated year of enrollment.

The asset allocation of these Portfolios is automatically adjusted over time to become more conservative.

Asset Allocation Portfolios:

Future Path 529 Aggressive Portfolio

Future Path 529 Moderate Portfolio

Future Path 529 Conservative Portfolio

Class Z Units

%

%

%

Individual Portfolios:

Future Path 529 JPMorgan BetaBuilders U.S. Equity ETF Portfolio

Future Path 529 JPMorgan Active Growth ETF Portfolio

Future Path 529 JPMorgan Active Value ETF Portfolio

Future Path 529 JPMorgan BetaBuilders U.S. Mid Cap Equity ETF Portfolio

Future Path 529 JPMorgan BetaBuilders U.S. Small Cap Equity ETF Portfolio

Future Path 529 JPMorgan U.S. Sustainable Leaders Portfolio

Future Path 529 JPMorgan BetaBuilders International Equity ETF Portfolio

Future Path 529 JPMorgan ActiveBuilders Emerging Markets Equity ETF Portfolio

Future Path 529 JPMorgan BetaBuilders MSCI U.S. REIT ETF Portfolio

Future Path 529 JPMorgan BetaBuilders U.S. Aggregate Bond ETF Portfolio

Future Path 529 JPMorgan BetaBuilders USD Investment Grade Corporate Bond ETF Portfolio

Future Path 529 JPMorgan Inflation Managed Bond ETF Portfolio

Future Path 529 JPMorgan Income ETF Portfolio

Future Path 529 JPMorgan BetaBuilders USD High Yield Corporate Bond ETF Portfolio

Future Path 529 JPMorgan International Bond Opportunities ETF Portfolio

Future Path 529 JPMorgan Ultra-Short Income ETF Portfolio

Future Path 529 JPMorgan Stable Asset Income Portfolio

Class Z Units

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7. Initial contribution

- Your initial contribution must be at least: \$15 per month or \$45 per quarter by Recurring Contribution; \$15 per month by Payroll Direct Deposit; or \$15 by check or Electronic Funds Transfer (EFT).
- 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 **Future Path 529 Plan®**.
Note: Third-party personal checks will only be accepted if they are payable to the Account Owner or Beneficiary, are for an amount less than \$10,000, and are properly endorsed.
- \$
 Amount
- B. **Electronic Funds Transfer (EFT).** You can make a contribution by transferring money from your bank account. To set this up, you must provide bank information in **Section 8c**. The maximum contribution through a one-time EFT may be limited. See the Plan Description 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 8a** and **Section 8c**.
- \$ **Frequency:**
 Amount *(\$15 monthly/\$45 quarterly minimum)* *(Check one)* Monthly Quarterly
- D. **Payroll Direct Deposit.** If you want to make contributions to your Future Path 529 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 \$15 per month per Account.
- \$
 Amount per Pay Period
- E. **Direct rollover or plan transfer from 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.futurepath529.com or by calling **1.800.587.7305**.
- \$
 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 Future Path 529 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 Future Path 529 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 Future Path 529 Plan Account currently owned by someone else. *(Must include a Account Information Change Form or other documentation as instructed.)*

8. Future contributions *(Optional)*

You may make future contributions by personal check or electronically through Recurring Contribution, or by Electronic Funds Transfer (EFT).

Important: The Recurring Contribution and Electronic Funds 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 Plan Description.

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

A. **Recurring Contribution.** Through Recurring Contribution, money will be transferred electronically at regular monthly or quarterly intervals from your bank, savings and loan association, or credit union account to your Future Path 529 Plan Account. You may cancel or change the investment amount and frequency at any time by logging into your Account at **www.futurepath529.com** or by calling **1.800.587.7305**.

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 8c**.

Amount of Debit: \$
(\$15 monthly/\$45 quarterly minimum)

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

Frequency:
(Check one) Monthly Quarterly

* Your bank account will be debited on the day you designate, provided the day is a regular business day (as defined in the Plan Description). You will receive the trade date of the business day on which the bank debits occurs, or if no date is indicated, debits will be made on the 20th day of the month or on the next business day thereafter. See the Plan Description 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.

Amount of increase: \$ **Month**:**

** 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 Funds Transfer.** Through Electronic Funds Transfer, you can make a contribution of at least \$15 whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future Electronic Funds Transfer contributions.

Important: To set up this option, you must provide bank information in **Section 8c**.

C. **Bank information.** Required to establish the Recurring Contribution or Electronic Funds 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.)*

Bank Routing Number

Bank Account Number

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.

9. 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 9**, you designate the person identified below as your Trusted Contact Person, and authorize Future Path 529 Plan and its present and future direct and indirect subsidiaries, affiliates, successors and assigns (Plan) 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)*

Trusted Contact Person's Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

Zip Code

Relationship to Account Owner.

Advisor

Attorney

Spouse

Family Member

Friend

Other

10. 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 Future Path 529 Plan Description and Participation Agreement (“Plan Description”). I understand that by signing this form, I am agreeing to be bound by the terms and conditions of the Plan Description. I understand that the Future Path 529 Plan* (“Plan”) may from time to time amend the Plan Description, and I agree I will be subject to the terms of those amendments. I understand that the Plan Description and this form shall be construed, governed, and interpreted in accordance with the laws of the State of Nevada.
- I understand that the Plan Description and the Plan forms signed by me constitute the entire agreement between myself and the Trust (as defined in the Plan Description). 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 Designated Beneficiary to an ineligible person. Account Owners should seek advice from a qualified tax professional.
- I understand that contributions to my Account in the Plan are not insured and that neither the principal I contribute nor the investment returns are guaranteed by the Federal Deposit Insurance Corporation or Ascensus College Savings Recordkeeping Services, LLC, JPMorgan Distribution Services, LLC, JPMorgan Investment Management Inc., the Board of Trustees of the College Savings Plans of Nevada (the “Board”), the Nevada State Treasurer, the State of Nevada, all agencies, instrumentalities and funds of the State of Nevada, the Nevada College Savings Trust Fund (the “Trust”), the Plan, and their respective affiliates, officials, officers, directors, employees, and representatives (collectively, the “Plan Officials”). I understand that there is no assurance that my Account 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.
- If I have chosen the Recurring Contributions or EFT option, I authorize the Ascensus College Savings Recordkeeping Services, LLC upon telephone or online request, to pay amounts representing redemptions made by me or to secure payment of amounts invested by me, by initiating credit or debit entries to my account at the bank named in **Section 8c**. I authorize the bank to accept any such credits or debits to my account without responsibility to their correctness. I acknowledge that the origination of ACH transactions involving my bank account must comply with U.S. law. I further agree that the Plan Officials will not incur any loss, liability, cost, or expense for acting upon my telephone or online request. I understand that this authorization may be terminated by me at any time by notifying the Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 8c**.
- 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 Nevada on behalf of the Designated Beneficiary to exceed the Maximum Account Balance established by the Board 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 9**, 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 College Savings Recordkeeping 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 Officials, from any losses I incur as a result of the acts or omissions of my Trusted Contact Person.
- **I agree to the terms of the predispute arbitration clause as described under the heading “Arbitration” in Section 17 of the Future Path 529 Plan Participation Agreement.**

- I understand that by signing this form, I authorize Ascensus College Savings Recordkeeping Services, 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 Officials, from any losses I incur as a result of the acts or omissions of my Financial Professional. I understand and acknowledge that the Plan and its service providers may, in their discretion, terminate my Financial Professional's ability to access my Account.
- All the information that I provided on this form is true and accurate, that Ascensus College Savings Recordkeeping Services, 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 will retain a copy of this Account Application and the Plan Description for my records.

SIGNATURE _____
Signature of Account Owner

Date (mm/dd/yyyy)

