1.

Future Path 529 Plan Additional Contribution Form

• Complete this form to make additional contributions to an established Future Path 529 Plan® ("the 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 Future Path 529 Plan[®] 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.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 Future Path 529 Plan 95 Wells Avenue, Suite 155 Newton, MA 02459	to:
Account Number (Include your Account number on your check.)		
Name of Account Owner <i>(first, middle initial, last)</i>		
Name of Beneficiary (first, middle initial, last)		
Source of Funds. (Your additional contributions must be at lead A. Personal check. Important: All checks must be made payable \$	e to Future Path 529 Plan. should be invested:	
By Standing Allocations By Specified Portfolios (This will be a one-time contribution of funds into Specifiuture allocation instructions.)		ange your standing
	% or \$	
	% or \$	
NOTE: If you wish to select more than 3 portfolios, please attac	h a concrete piece of paper	



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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 theFuture 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 nonqualified withdrawal from your Future Path 529 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.



Signature

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 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.
- 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.

SIGNATURE	
Signature of Account Owner	

Date (mm/dd/yyyy)	

