Future Path 529 Plan®

Recurring Contributions/ Electronic Bank Transfer Form

Future Path 529 Plan +

- Complete this form to start, change, or stop a recurring investment from your bank account, or to add or change bank account information for contributions and/or withdrawals by electronic transfer to or from a bank. Complete and submit a separate form for each Account you own in the Future Path 529 Plan Description and Participation Agreement ("Plan Description").
- You can also add a bank account, start, change, or stop Recurring Contributions and Electronic Bank Transfer (EBT) by accessing your Account online at www.futurepath529.com.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the completed, signed form to the address below. Do not staple.

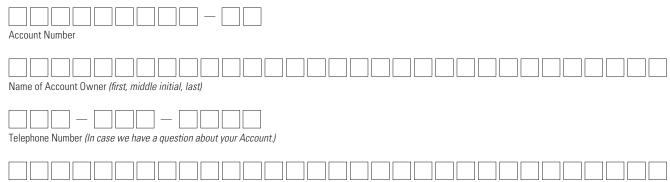
Forms can be downloaded from our website at **www.futurepath529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

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 information



Name of Beneficiary (first, middle initial, last)



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Options	1						
Recurri	ng Contributions or	EBT will be un	available for withdrawa	al for seven (7) l	ousiness days.		
0	or changing bank ir d to the new bank a		l prompt a fifteen (15) ca	alendar day hol	ding period before p	proceeds of a wit	hdrawal may be
	ecurring Contribut quarterly schedule.		transfer money from yo	our bank accoun	it to your Future Pat	h 529 Plan Accou	int on a monthly
	Add this option t	o my Account.	(Provide the informatio	n below and in	Section 2c.)		
	Change my inves	stment amount	and/or debit date. (Pro	vide the new ar	mount and/or debit	date below.)	
	Change my bank	account inform	nation. (Provide the info	ormation in Sec	tion 2c.)		
	Stop this option.						
A	mount of Debit:	\$, (\$15 month	Iy/\$45 quarterly minimum)				
St	art Date:*	Date (mm/d	—		Frequency: (Che	ck one) Monthly	Quarterly
	business day if the o debit occurs. If no d	date selected i ate is indicate	on the day you designa s not a business day. Yo d, debit will be made or cription and Participation	ou will receive t I the 20th day o	he trade date of the	e business day or ne next business	n which the bank day thereafter.
	be adjusted each	n year in the m	crease your Recurring C onth that you specify by	/ the amount ind	dicated.		contribution wi
	Note: A plan of I	regular investr	nent cannot assure a pr	ofit or protect a	gainst a loss in a de	eclining market.	
	Amount of incr	ease: \$; _ ,	0			
	Month:**						
		which your Re date of the me	curring Contributions w onth selected.	ill be increased	. The first increase	will occur at the t	first instance of
co		withdrawals. Y	on for future electronic t 'ou can transfer \$15 or n r online.				
	Add	Change	Delete				
associa	ation, or credit unior	n that is a men	ons and EBT can be mad hber of the Automated C on-bank financial compa	Clearing House	(ACH) network. Mor		
			ou agree and confirm th or office thereof, locate				
Bank Na	ne						
	• • •						
Bank Reg	jistration						
Bank Rou	uting Number		Bank Account Number			Account Type: (Check One.) C	Checking Saving

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.

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3. Signature — YOU MUST SIGN BELOW

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.
- 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.
- 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 understand that all changes made on this form supersede all my previous designations. I authorize the Future Path 529 Plan and the Program Manager (as defined in the Plan Description) and 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 2c**. I authorize the bank to accept any such credits or debits to my Account without responsibility for their correctness. I acknowledge that the origination of ACH transactions involving my account must comply with U.S. and Nevada law. I further agree that the Future Path 529 Plan, Ascensus College Savings Recordkeeping Services, LLC and its affiliates 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 Program Manager and the bank by telephone or in writing, and that the termination request will be effective as soon as Ascensus College Savings Recordkeeping Services, LLC has had a reasonable amount of time to act upon it. I certify that I have the authority to transact on the bank account identified by me in **Section 2c**.

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Sig	na	itur	re o	f A	4cc	οι	Int	0 w	/ne	r

Date (mm/dd/yyyy)		

J.P.Morgan

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