

Future Path 529 Plan Broker Dealer Change Request Form



- This form will authorize the change of the Financial Professional firm listed on your Future Path 529 Plan Account.
- Investments may be made through Financial Professionals who have entered into a selling agreement with JPMorgan Distribution Services, Inc.
- Enter 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 Avenue, Suite 155 Newton, MA 02459
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1. Account information *(List applicable Account numbers.)*

Account Number

Account Number

Account Number

Account Number

Account Number

Account Number

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

2. New 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

Email Address



3. Share Class Update

If change in Financial Professional also requires an update to the share class of the account(s), please complete this section.

- Some firms utilize a special share class for all clients; however, the account's future contribution share class settings will not be changed unless we are instructed to do so.
- Instructions below will only change the share class for all future contributions but we will retain the future contribution percentage allocation settings for the portfolio or portfolios currently on record. Changes to the portfolios being purchased can be made online, separately in writing, or by phone.
- If this section is left blank, we will retain the existing future purchase share class account settings.

- A Class
- C Class
- Z Class (ONLY for registered investment advisor fee-based firms.)

4. SIGNATURE — 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.
- 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.

SIGNATURE _____

Signature of Account Owner

SIGNATURE _____

Signature of New Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)

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Date (mm/dd/yyyy)