Future Path 529 Plan

Beneficiary Change Form

Future Path 529 Plan

- Complete this form if you are transferring to a new Beneficiary all or part of the balance in the Account of your current Beneficiary.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink.
- If establishing an Account for a new Beneficiary, the initial investment must be at least: $15 per month or $45 per quarter by Recurring Contribution; $15 per month by Payroll Direct Deposit; or transferring from an existing Beneficiary's Account.

Important: To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a "Member of the Family" of the former Beneficiary, as defined in the Future Path 529 Plan Description and Participation Agreement ("Plan Description"). If the new Beneficiary is not an eligible family member, the change will be considered a non-qualified withdrawal, which means that it may be subject to federal income tax and a 10% federal penalty tax on any earnings.

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 02459-3204

1. Current Account information

Account Number

Telephone Number *(In case we have a question about your Account.)*

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

Name of Existing Beneficiary *(first, middle initial, last)*

Existing Beneficiary Social Security Number or Taxpayer Identification Number

2. New Beneficiary information *(All information is required.)*

Name of New Beneficiary *(first, middle initial, last)*

Social Security Number or Taxpayer Identification Number

Birth Date *(mm/dd/yyyy)*

Citizenship ***(Required)*** ☐ U.S. **OR** ☐ Resident Alien (Non-Resident Aliens are not eligible)

Country of Citizenship (If not a U.S. Citizen)

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

Mailing Address

City

State

Zip Code

NV FP 529 BENE CHG

3. Transfer amount *(Check and complete Section **3A**, **3B** or **3C**.)*

A. ☐ **Entire balance.** The Future Path 529 Plan will will move the entire balance of the Account listed in **Section 1** into the new Beneficiary's existing Account, or will establish a new Account for the transfer. Once the transfer is completed, the old Account will be closed.

Do you already have an Account for the new Beneficiary? *(Check one.)*

☐ **Yes.** ☐☐☐☐☐☐☐☐☐ — ☐☐ **Go to Section 3C.**
Account Number

☐ **No.** **Go to Section 4.**

B. ☐ **Partial balance.** The Future Path 529 Plan will keep the Account open for the current Beneficiary. The dollar amount you specify below will be transferred to the new Beneficiary's Account.

Name of Investment Option	Dollar amount *(For partial amounts.)*	OR	Total balance *(Check if applicable.)*
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐
	$ ☐☐☐,☐☐☐.☐☐		☐

Do you already have an Account for the new Beneficiary? *(Check one.)*

☐ **Yes.** ☐☐☐☐☐☐☐☐☐ — ☐☐ **Go to Section 3C.**
Account Number

☐ **No.** **Go to Section 4.**

Note: If the amount you want transferred exceeds the Maximum Account Balance, the excess will remain in the existing Account for your current Beneficiary.

C. ☐ **Existing Account transfers.** Complete this section if you have selected "Yes" in **Section 3A** or **3B**. If an option is not selected below, the transfer amount will be allocated according to the new Beneficiary's existing Portfolio allocation election.

Check one.

☐ I want to transfer the assets in-kind.* *(An "in-kind" transfer is moving the Units from the current Beneficiary's Account to the new Beneficiary's Account without selling or buying Portfolios.)* Go to **Section 5**.

☐ I want to transfer and allocate the assets according to the new Beneficiary's current Investment Options.* *(By selecting this option, the current investments will be liquidated, and the funds will be deposited into the new Beneficiary's Account according to the future allocation instructions on the new Beneficiary's Account.)* Go to **Section 5**.

☐ I want to transfer the assets into the new Investment Option(s) selected in **Section 4**.* *(This will not change the future contribution allocation of the new Beneficiary's Account.)* Go to **Section 4.**

* Assets transferred from one Account to another Account for a different Beneficiary will be used to purchase the same class of Portfolio Units as those being surrendered in connection with the transfer, regardless of the Portfolio that the Account Owner selects to invest in with the transferred funds. To the extent available, the new Portfolio Units will retain the same holding-period characteristics as the previously held Portfolio Units for purposes of calculating any applicable CDSC which may apply.

4. Investment Option selection *(Check only one.)*

- Before choosing your Investment Options, see the Plan Description *(available at **www.futurepath529.com**)* for complete information about the Investment Options offered.
- You must allocate at least **1%** of your contributions to each Investment Option you choose. Use whole percentages only.
- Your investment percentages must total 100%.

A. ☐ I want to **keep the same Investment Option** as my existing Beneficiary for my new Beneficiary. For Enrollment Year Portfolios, the Enrollment Year Portfolio will correspond with the anticipated year of enrollment.

B. ☐ I want to **establish a new Investment Option** as listed below. Current Unit Class will be maintained upon transfer. If you would like to invest in a different Unit Class or Portfolio for future purchases, please notify us.

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	☐☐☐ %

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.

Please select only one Unit Class:

☐ Class A

☐ Class C

☐ Class Z *(If eligible)*

Asset Allocation Portfolios:

Future Path 529 Aggressive Portfolio	☐☐☐ %
Future Path 529 Moderate Portfolio	☐☐☐ %
Future Path 529 Conservative Portfolio	☐☐☐ %

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	☐☐☐ %
	☐☐☐ %

Note: Only complete this section if you do not have an existing Account for the new Beneficiary or elected to transfer to new Investment Option(s) in 3C. For new Accounts, this will also be the future contributions allocation.

5. Successor Account Owner information

- The Successor Account Owner will take over control of the Account in the event of your death.
- You may revoke or change the Successor Account Owner at any time. See the Plan Description for more information.

☐ I want to have the same Successor Account Owner for the new Beneficiary.

☐ I want to establish a new Successor Account Owner for the new Beneficiary, provided below.

Name *(first, middle initial, last)*

Birth Date *(mm/dd/yyyy)*

Telephone Number

6. Recurring Contributions *(Optional)*

Through Recurring Contributions, you can have funds transferred electronically—on a regular basis—from your bank, savings and loan, or credit union account to your Plan Account. Your contribution will be credited to your Plan Account on the same business day it is debited from your bank account. You may download a **Recurring Contributions/Electronic Bank Transfer Form** to add, change, or delete bank information, or change the investment amount and frequency at any time by logging on to your Account at **www.futurepath529.com** or by calling **1.800.587.7305**.

☐ I would like to continue my existing Recurring Contributions for the new Beneficiary.

7. 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.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

J.P.Morgan
ASSET MANAGEMENT