Future Path 529 Plan Payroll Direct Deposit Form

Future Path

- Complete this form to add, change, or delete Payroll Direct Deposit instructions on your Future Path 529 Plan ("the Plan") Account(s). You may also provide your Payroll Direct Deposit instructions when you log in to our website at **www.futurepath529.com**.
- If you do not have an Account and wish to have Payroll Direct Deposit, please complete an **Enrollment Application**.
- 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 Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Plan and have communicated these deposit instructions to your employer.
- 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 Avenue, Suite 155 Newton, MA 02459-3204

1. Account Owner information

Name of Account Owner (first, middle initial, last)									
Telephone Number (In case we have a question about your Account.)									
Note: Contributions by Payroll Direct Deposit must total a minimum of \$15 per month per Account.									
Account Number	\$ 0 0 Amount per Pay Period								
Name of Beneficiary <i>(first, middle initial, last)</i>									
Account Number	\$, 0 0 Amount per Pay Period								
Name of Beneficiary (first, middle initial, last)									
Account Number	\$, 0 0 Amount per Pay Period								
Name of Beneficiary (<i>first, middle initial, last</i>)									

Note: Please use an additional sheet if you have more than 3 Accounts.



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2.	Payroll Direct Deposit instructions							
	Note: Contributions by Payroll Direct Deposit must total a minimum of \$15.00 per month							
	Check One:							
	Add Payroll Direct Deposit Change Amount Delete Payroll Direct Deposit (Skip to Section 3)							
	Deduct ^{\$} , , , , , , , , , , , , , , , , , , ,							
	Account(s) as detailed in Section 1 (\$15 minimum per Account per month):							

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.

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Signature of Account Owner

