Future Path 529 Plan

Rights of Accumulation Form

Future Path 529 Plan

- Complete this form to reduce the sales charges associated with the purchase of Class A Units in your Future Path 529 Plan ("the Plan") Account by aggregating your investments held with J.P. Morgan Funds and the Plan. Please refer to the Future Path 529 Plan Description and Participation Agreement ("Plan Description") for more details.
- The information provided on this form will replace any existing Rights of Accumulation (ROA) information currently associated with your Account(s).
- This form must be received with a contribution check, or provided at least five (5) business days prior to a contribution for which the ROA total value will be applied.
- Incomplete information may cause your request to be delayed or rejected.

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

☐☐☐☐☐☐☐☐☐–XX
Future Path 529 Plan Account Number

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

The account information listed below meets the eligibility requirements for Rights of Accumulation as outlined in the Plan Description.

Name of Firm where Units or Shares are Held	Account Number	CUSIP, Symbol, or Fund Number of your A or C Units or Shares of J.P. Morgan Funds	Current Market Value ($)
			$ ☐☐☐,☐☐☐
			$ ☐☐☐,☐☐☐
			$ ☐☐☐,☐☐☐
			$ ☐☐☐,☐☐☐
			$ ☐☐☐,☐☐☐

Valuation Date *(mm/dd/yyy)* ☐☐ – ☐☐ – ☐☐☐☐

Total Value of Eligible Holdings $ ☐☐☐,☐☐☐

Note: To list more than five accounts, use a separate sheet.

Signature—YOU MUST SIGN BELOW

This form may be signed by the Account Owner, Financial Professional, or Agent.

By signing below, I hereby certify that I agree to be bound by the terms and conditions of the Plan Description. I understand that the Future Path 529 Plan may from time to time amend the Plan Description and I agree I will be subject to the terms of those amendments. I affirm that the information provided on this form is true and accurate in all material respects. I also agree that the information listed above will replace any existing Rights of Accumulation information associated with my Future Path 529 Plan Account(s).

SIGNATURE
Signature of Account Owner, Financial Professional, or Agent

Printed Name

NV ADV FP ROA

J.P.Morgan
ASSET MANAGEMENT