Goldman Sachs 529 Plan

Account Application

Goldman

Asset Management

For Investors with a Financial Professional

- 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 mailing address listed. Do not staple.
- The minimum initial investment by Check or EBT is \$250, unless you are also setting up a Recurring Contribution, in which case the minimum is lowered to \$150.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the Plan Description and Account Owner Agreement.

To request assistance in completing this form call us at **1.888.462.6209**, Monday through Friday from 7:30 a.m. - 5:00 p.m. CT.

1.888.462.6209

Monday to Friday 7:30 a.m. - 5:00 p.m. CT



www.GSAM.com/529Plan

Regular mailing address:

Goldman Sachs 529 Plan PO Box 219947 Kansas City, MO 64121-9947

Overnight mailing address:

Goldman Sachs 529 Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

ACCOUNT IVDE	1.	Account	Type
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Individual Account. I am opening a new Goldman Sachs 529 Plan Account.
UGMA/UTMA Account. I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA
Account from the state of (please abbreviate) in which the liquidated UGMA/UTMA custodial Account was opened



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4. Successor Account Owner Information (Recommended)

Note: A Successor Account Owner cannot be added to an UTMA/UGMA account.

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• The Successor Account Owner is the person designated to assume Account ownership in the event of the Account Owner's dea	ath.
• You may revoke or change the Successor Account Owner at any time. See the Plan Description for more information.	
Legal Name (First name)/or Trust Name	(M.I.
Legal Name (Last name)/or Remaining Trust Name	
Birth Date or Trust Date (mm-dd-yyyy) (Required)	
Interested Party Information (Optional)	
Complete this section if you want to have an additional person (interested party) receive quarterly account statements.	
Interested Party (First name)	(M.I.
Interested Party (Last name)	
Mailing Address	
···	
City State Zip Code	

Relationship to Account Owner

Compliance	Investment Advisor	Parent/Guardian	Othe

6. Trusted Contact Person Information (Optional)

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize the Goldman Sachs 529 Plan and its present and future direct and indirect subsidiaries, affiliates and successors to contact your Trusted Contact Person and disclose information about your Plan Accounts:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

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Sales Charge Waiver (Optional) To qualify for a sales charge reduction

'	ality for a sales charge reduction, you must complete the following section. It one or check all that apply. Letter of Intent. I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated	
	nvestments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least: \$250,000	
В	Rights of Accumulation ("ROA"). Check this box if a family member owns units in the Goldman Sachs 529 Plan to be applied for the reduced sales charge. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Plan Description for additional information.	эd
	.egal Name of Family Member (First name)	1.1.)
	legal Name of Family Member (Last name)	
	Account Number	
	egal Name of Family Member (First name)	1.1.,
	egal Name of Family Member <i>(Last name)</i>	
	Account Number	
C	am eligible for a sales charge waiver under the terms of the Plan Description and Participation Agreement. I am eligible pecause I am related to:	
	egal Name (First name)	1.1.)
	egal Name (Last name)	
	Qualifying Employer's Name	
	Relationship	
	Self Spouse Domestic Partner Child	
	Parent Grandparent Grandchild Dependent of the Person	
D	Sibling Stepchild Father- or Mother-in-law Officer, Director, or Trustee Employer Group. To qualify for a reduced Class A sales charge as an eligible member of an Employer Group, your Employer Group must be eligible for this program pursuant to the eligibility requirements set out in the Plan Description. Please provide your Employer Group name and number below.	
	Employer Group Name	_
	Employer Group Number	

9. Investment Portfolio Selection (Required)

Complete this section to allocate your initial and future contributions to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal 100%.
- You may invest in as many Investment Options as you wish from the list below.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

Please select only one Unit Class	(Required).				
Class C Class C	Class I				
Year of Enrollment Portfolio Optio	ns: GS	S 529 Currently Enrolled Portfolio			%
		S 529 2025-2026 Portfolio			%
	GS	S 529 2027-2028 Portfolio			%
	GS	S 529 2029-2030 Portfolio			%
	GS	S 529 2031-2032 Portfolio			%
	GS	S 529 2033-2034 Portfolio			%
	GS	S 529 2035-2036 Portfolio			%
	GS	S 529 2037-2038 Portfolio			%
	GS	S 529 2039-2040 Portfolio			%
	GS	S 529 2041-2042 Portfolio			%
	GS	S 529 2043-2044 Portfolio			%
Target Risk Portfolio Options:	GS	S 529 20 Eq/80 FI Portfolio			%
	GS	S 529 40 Eq/60 FI Portfolio			%
	GS	S 529 60 Eq/40 FI Portfolio			%
	GS	S 529 80 Eq/20 FI Portfolio			%
	GS	S 529 90 Eq/10 FI Portfolio			%
Individual Fund Portfolio Options:	GS	S 529 Capital Preservation Portfolio			%
•		S 529 Core Fixed Income Portfolio		Ш	%
	GS	S 529 Inflation Protected Securities Portfo	lio	illi	%
	GS	S 529 High Yield Portfolio			%
		S 529 S&P 500 Index Portfolio			%
	GS	S 529 ActiveBeta US Large Cap Equity Por	tfolio		%
	GS	S 529 Large Cap Value Portfolio			%
	GS	S 529 Large Cap Growth Portfolio			%
	GS	S 529 ActiveBeta Small Cap Core Portfolio)	ĺП	%
	GS	S 529 Global Equity Portfolio			%
	GS	S 529 GS/GQG International Equity Portfol	io		%
	GS	S 529 ActiveBeta International Equity Port	folio		%
	GS	S 529 Real Estate Securities Portfolio			%
	GS	S 529 Technology Opportunities Portfolio			%
		To	otal 1	0	0 %

- **10. Contribution Method** (Your minimum initial contribution must be at least \$250 per account, unless you are also setting up a Recurring Contribution, in which case the minimum is lowered to \$150.)
 - Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
 - Contributions by any source will not be available for withdrawal for 5 Business Days upon deposit to your account.
 - Third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

	Time party personal checks up to \$10,000 chaorses over to the Fight are decepted.
Soi	urce of funds (Complete all that apply.)
Α.	Check: Make check payable to Goldman Sachs 529 Plan. Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted. \$
В.	Rollover from another 529 plan or Coverdell Education Savings Account to an Goldman Sachs 529 Plan Account:
	• To roll over proceeds directly from another 529 plan, submit the Plan's Incoming Rollover Form along with this application.
C.	Transfer from an existing Goldman Sachs 529 Plan Account: Complete this section if you are transferring assets from an existing account. You will also need to complete a Transfer Form. Account Number
D.	Indirect Rollover: A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bon that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption. \$
E.	Payroll Direct Deposit. You can establish or change Payroll Direct Deposit by logging into your account at www.GSAM.com/529Plan. If you want to make contributions to your Goldman Sachs 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 your Goldman Sachs 529 Plan Account until you have received a Payroll Direct Deposit Confirmation Form from the Goldman Sachs 529 Plan. Once this is received please enter this information on your employer self-service portal (if available) or provide your signature and Social Security or tax payer identification number on this form and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Goldman Sachs 529 Plan Accounts. Amount of Payroll Direct Deposit each pay period: \$

F.	Recurring Contribution: You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Goldman Sachs 529 Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at www.GSAM.com/529Plan or by calling 1.888.462.6209 . To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in Sections 10F and 11 for each additional Recurring Contribution instruction or bank account
	Important: To set up this option, you must provide bank information in Section 11.
	Amount of Debit: \$25 \$50 \$100 \$150 \$250 Other \$, 0 0
	Frequency (Select one.): Quarterly (Every three months.)
	Start Date:* Date (mm-dd-yyyy)
	*Goldman Sachs 529 Plan must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 15th day of the month.
	Annual Increase. You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.
	Amount of increase: \$,
	Month**: January February March April May June July August September October November December
	** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.
G.	Electronic Fund Transfer (EFT): Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in Section 11. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. (The amount below will be a one-time EFT contribution to open your Account.) \$

11. Bank Information (Required to establish the Recurring Contribution or EFT service.)

Note: The routing number is usually loc	cated in the bottom left corner of your checks. You ca	an also ask your bank for the routing number.
Important: I acknowledge that my bank	k or financial institution is located in the U.S. and/or	adheres to U.S. banking regulations.
Bank Name		
Bank Routing Number	Bank Account Number	Account Type Checking Savings
If applicable, authorization from a joint bank acc	count owner is required to add bank instructions on the account	
Bank Account Owner (First name)		(M.I.)
Bank Account Owner (Last name)		
SIGNATURE		
Signature of Bank Account Owner		Date (mm-dd-yyyy)
Joint Bank Account Owner (First name)		(M.I.)
Joint Bank Account Owner (Last name)		
SIGNATURE Signature of Joint Bank Account Owner		Date (mm-dd-yyyy)

12. Signature—YOU MUST SIGN BELOW

By signing below, I hereby apply for an Account in the Goldman Sachs 529 Plan. I certify that:

- I have received, read, and understand the terms and conditions of the Plan Description. I understand that by signing this Account
 Application, I am agreeing to be bound by the terms and conditions of the Plan Description and the Account Owner Agreement. I
 understand that the Account Application shall be construed, governed by, and interpreted in accordance with the laws of the State
 of Arizona.
- Except as set forth below, I understand that the Plan Description, Account Owner Agreement and Account Application constitute
 the entire agreement between myself and the Trustee (as defined in the Plan Description). No person is authorized to make an oral
 modification to this agreement.
- I understand that my Account in the Goldman Sachs 529 Plan is not insured by the State of Arizona the Federal Deposit Insurance Corporation (FDIC) or any other governmental entity and neither the principal I contribute nor the investment return is guaranteed by the State of Arizona, the Office of the Arizona State Treasurer, the Arizona State Board of Investment, or any other governmental entity, the Trust, the Program Manager, the Investment Managers, or any of their affiliates (each, as defined in the Plan Description). I understand that there is no assurance that my Account in the Goldman Sachs 529 Plan will generate any specific rate of return; in fact, there is no assurance that the Account will not decrease in value.
- If I have chosen the recurring contribution or EFT option, I authorize the Program Manager, 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 11**. I authorize the bank to accept any such credits or debits to my account without responsibility for their accuracy. I further agree that the Plan Officials (as defined in the Plan Description 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 Goldman Sachs 529 Plan and the bank by telephone or in writing, and that the termination request will be effective as soon as the Goldman Sachs 529 Plan and the bank have had a reasonable amount of time to act upon it. I certify that I have authority to transact on the bank account identified by me in **Section 11**.
- I understand that contributions that cause the total balance of this Account and any other Accounts established in the Goldman Sachs 529 Plan and in any other Qualified Tuition Program offered by the State of Arizona on behalf of the Beneficiary designated in **Section 3** of this **Account Application** to exceed the Maximum Contribution Limit established by the Arizona State Board of Investment are not permitted. I understand that if a contribution is made to my Account that exceeds the Maximum Contribution Limit, all or a portion of the contribution amount will be rejected or returned to me or the contributor, as applicable.
- I understand that by signing the Account Application, I authorize Ascensus College Savings Recordkeeping Services, LLC to provide
 my Financial Professional with access to my Account and perform transactions on my behalf. I agree to hold harmless the Plan
 Officials (as defined in the Plan Description), from any losses I incur as a result of the acts or omissions of my Financial Professional.
 I understand that my Financial Professional's authority to access my Account and perform transactions may be terminated at the
 discretion of the Plan or its representatives.
- I certify that all of the information that I provide on this **Account Application** is accurate and complete and that I am bound by the
 terms, rights, and responsibilities stated in this agreement and by any and all statutory, administrative, and operating procedures that
 govern the Goldman Sachs 529 Plan.
- If the Account is funded with UGMA/UTMA assets, I certify that I am of legal age in my state of residence, I am the parent/guardian/custodian of the Account, and that I am authorized to open the Account, and I am not aware of any adverse claim of ownership or court order relating to this Account, and I agree to hold harmless the Plan Officials from any third party claims relating to my actions.

SIGNATURE		
Signature of Account Owner	Date (mm-dd-yyyy)	

I will retain a copy of this *Account Application*, the *Plan Description* and the *Account Owner Agreement* (contained in the *Plan Description*) with my records.