

Goldman Sachs 529 Plan Account Application

**Goldman
Sachs**
**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.

1. Account Type

☐

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.



* A Z A D V I S O R A C C T A P P L I C A T I O N *

Legal Name (First name) (Required) (M.I.)

Birth Date (mm-dd-yyyy) **(Required)**

- -
 Secondary Telephone Number

☐ Mobile ☐ Landline

U.S. Permanent Street Address (*P.O. boxes are **not** acceptable.*) **(Required)**

Account Mailing Address if different from above (This address will be used as the Account's address of record for all account mailings.)

City

State

—

Zip Code

Legal Name (First name) (Required) (M.I.)

Birth Date (mm-dd-yyyy) **(Required)**

U.S. Permanent Street Address (*P.O. boxes are not acceptable.*) **(Required)**

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□□ — □□ — □□□□
Date (mm-dd-yyyy)

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 A ☐ Class C ☐ Class I

Year of Enrollment Portfolio Options:

GS 529 Currently Enrolled Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2025-2026 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2027-2028 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2029-2030 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2031-2032 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2033-2034 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2035-2036 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2037-2038 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2039-2040 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2041-2042 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 2043-2044 Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Target Risk Portfolio Options:

GS 529 20 Eq/80 FI Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 40 Eq/60 FI Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 60 Eq/40 FI Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 80 Eq/20 FI Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 90 Eq/10 FI Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Individual Fund Portfolio Options:

GS 529 Capital Preservation Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Core Fixed Income Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Inflation Protected Securities Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 High Yield Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 S&P 500 Index Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 ActiveBeta US Large Cap Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Large Cap Value Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Large Cap Growth Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 ActiveBeta Small Cap Core Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Global Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 GS/GQG International Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 ActiveBeta International Equity Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Real Estate Securities Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
GS 529 Technology Opportunities Portfolio	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Total %

- 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.

A. **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.

Amount of Payroll Direct Deposit each pay period: \$.

- Important:** To set up this option, you must provide bank information in **Section 11**.

\$, .

Amount

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

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Important: I acknowledge that my bank 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

(Check One.)☐

Checking

☐

Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

Bank Account Owner *(First name)**(M.I.)*Bank Account Owner *(Last name)*

Signature of Bank Account Owner

Date *(mm-dd-yyyy)*Joint Bank Account Owner *(First name)**(M.I.)*Joint Bank Account Owner *(Last name)*

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.