



Merrill Automated Funding Service Enrollment/Update Authorization Form

Complete this form to enroll in the Merrill Automated Funding Service (AFS) or to change your current AFS amount for an existing NextGen 529 Account. Return the form and if funding from an outside institution, please include a voided check or a bank letter. We will confirm that your financial institution can accept this AFS instruction through participation in the Automated Clearing House (ACH). There is no charge for enrolling in the AFS or for each transfer you request.

1. NextGen 529 account information

Participant Name	NextGen 529 Account Number	Select one:
_____	_____	<input type="checkbox"/> New instruction
(Last, First, MI)		<input type="checkbox"/> Update
Beneficiary Name		<input type="checkbox"/> Termination

(Last, First, MI)		

2. Contributing account

Please Note: If the account indicated below does not have the exact name as it appears in Section 1 of this form, additional documentation may be required. Choose **one** of the following accounts to authorize automatic debits.

A. Merrill CMA®

Eight-digit Merrill account number

B. Bank of America® account

Your Bank of America account number

ABA routing number (OR the state in which your account was opened)

* A valid ABA routing number will be required if the account was opened in the following states as these states can have multiple routing numbers: CA, FL, IL, IN, MI, MO and TX.

C. Outside financial institution (Please see below for required paperwork.)

Name of outside financial institution

Outside financial institution account to be debited:

Outside financial institution account number

Checking (Enclose a preprinted, voided check for the account.)

Savings (Enclose either a preprinted, voided check for the account **OR** a letter of authorization from your financial institution.)

Other (Enclose either a preprinted, voided check for the account or a letter of authorization from your financial institution.)

* If you don't have a preprinted check you must provide a letter of authorization that must be signed by an officer of the institution and include account title, type of account (checking, savings, other), account number, institution's ABA routing/transit number and your taxpayer identification number.

YOUR NAME AND ADDRESS	123
	12 - 34 567
PAY TO THE ORDER OF _____	\$ _____
	DOLLARS
BANK NAME AND ADDRESS	SAMPLE VOID
MEMO _____	
:123456789: 345678: 1011	

TAPE PREPRINTED
VOIDED CHECK HERE

3. Funding frequency and amount

You can make regular contributions to your NextGen 529 Account by enrolling in AFS. For Participants electing to have contributions invested in more than one Portfolio, the minimum initial and subsequent investment is \$25 per Portfolio. Debits from the account will begin on the date specified below and will occur on the same day of the month thereafter. If the day of the month you specify is a Saturday, Sunday or holiday, the debit will occur on the prior business day. Refer to the NextGen 529 Program Description for details concerning AFS. **Requests to establish automated contributions must be received at least 10 business days before the specified beginning date in order for contributions to begin in the specified month. If the request is not received within the 10 business days, contributions will start on the requested day in the following month.**

Please see minimum contribution limits and contribution eligibility information below.

A. Start date _____
MM/DD/YYYY

B. Please select a frequency by filling in the desired contribution amount.

MONTHLY (amount per contribution) (\$25 minimum – 12 contributions per year)	\$ _____
QUARTERLY (amount per contribution) (\$75 minimum – 4 contributions per year)	\$ _____
SEMIANNUALLY (amount per contribution) (\$150 minimum – 2 contributions per year)	\$ _____
ANNUALLY (amount per contribution) (\$300 minimum – 1 contribution per year)	\$ _____

Client Select Series—Distributed through Merrill Advisors for those participants seeking professional investment experience. Contributions can be directed across one or more of the available portfolios. For the Program Description, including compensation and fees and expenses associated with the Client Select Series, please contact **888.654.6837**.

Client Direct Series—The Client Direct Series is designed for self-directed investors and is offered to participants by going online at merrilledge.com. See the Program Description for fees and expenses associated with the Client Direct Series.

You may not use the Automated Funding Service to make rollover contributions. Automated funding will be rejected if the contribution will cause the account balance to exceed NextGen 529's maximum contribution amount.

4. AFS agreement and signature

By signing this Merrill Automated Funding Service Enrollment/Update Authorization Form, you hereby authorize Merrill to debit the account indicated in the dollar amount and frequency specified and to contribute such funds to the NextGen 529 Account designated.

You authorize the financial institution holding the account to be debited to accept Automated Clearing House debits to your account without responsibility for the correctness thereof. You further agree that Merrill will not be liable for any loss, liability, cost or expense for acting upon your written instructions, except to the extent required by applicable law.

This authorization will remain in full force and effect until Merrill has received notification from you of its change or termination. Either you or Merrill may terminate this authorization at any time. Any termination will become effective as soon as Merrill has had a reasonable amount of time to act on it. If you notify Merrill verbally, Merrill may require that you also send written notification.

If I am an individual or entity, other than the Participant, authorizing the automated funding, I acknowledge that I will have no subsequent control over the contributions and that only the Participant may direct transfers, rollovers, investment changes (as permitted under federal law), withdrawals and changes to the Designated Beneficiary.

X

Participant Signature (required) _____ Date _____

Email Address _____

Please check box if you would like to use the above as your primary email address.

X

Contributor Signature (required if contributions are made by a person/entity other than the Participant) _____ Date _____

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

For clients serviced by Merrill, return to:

Merrill
P.O. Box 29002
Hot Springs, AR 71903



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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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