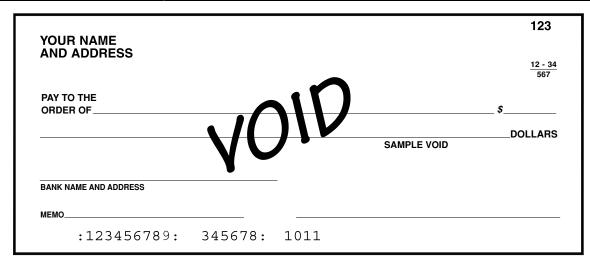
Complete this form to enroll in the Merrill Lynch Automated Funding Service (AFS) or to change your current AFS amount for an existing NextGen College Investing Plan Account (NextGen Account). Return it together with a voided check from your checking account or a bank letter (see Section 2). We will 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 Account Information		
Participant Name (Last/First/M.I.) This is a: New instruction Change Termination		NextGen Account Number Participant Social Security Number	
Por occ spe the cor	tfolio, the minimum initial and subsequent investment is \$25 per Portfol cur on the same day of the month thereafter. Requests to establish autor cified beginning date in order for contributions to begin in the following debit will occur on the prior business day. Refer to the NextGen College	AFS. For Participants electing to have contributions invested in more than one lio. Debits from the account will begin on the date specified below and will mated contributions must be received at least 10 business days before the month. If the day of the month you specify is a Saturday, Sunday or holiday, a Investing Plan Program Description for details nave the exact name (and Social Security No.) as it appears in Section 1	
	(a) AFS from a Merrill Lynch account. For existing Merrill Lynch clients only: Please indicate your Merrill Lynch 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 open CA, FL, IL, IN, MI, MO and TX.	ed in the following states as these states can have multiple routing numbers:	
	(c) Outside financial institution (Preprinted check REQUIRED)		
	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.		

2. Automated Funding Service (AFS) cont'd



TAPE PRE-PRINTED **VOIDED CHECK HERE**

3. Funding Frequency and Amou	nt		
 Monthly (\$25 minimum - 12 contributions per year) Quarterly (\$75 minimum - 4 contributions per year) 	☐ Semiannually (\$150 minin☐ Annually (\$300 minimum	num - 2 contributions per year) - 1 contribution per year)	
Dollar amount of contributions: \$	Begin contributions effective (m	onth/day/year): — — / — — / — —	
You may not use the Automated Funding Service to make account balance to exceed the NextGen plan's maximum		funding will be rejected if the contribution will cau	use the
4. AFS Agreement and Signature			
By signing this Merrill Lynch Automated Funding Service indicated in the dollar amount and frequency specified ar		, ,	
You authorize the financial institution holding the account for the correctness thereof. You further agree that Merrill instructions, except to the extent required by applicable is	Lynch will not be liable for any los		
This authorization will remain in full force and effect until Merrill Lynch may terminate this authorization at any time of time to act on it. If you notify Merrill Lynch verbally, Me	e. Any termination will become eff	ective as soon as Merrill Lynch has had a reasona	
If I am an individual or entity, other than the Participant, a contributions and that only the Participant may direct tranto the Designated Beneficiary.			
X			
Participant Signature (required)		Date	
Χ			
Contributor Signature (required if contributions are made than the Participant)	by a person/entity other	Date	
PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO	AVOID DELAYS IN PROCESSING		

For clients serviced by:

Merrill Lynch Financial Advisor

Return to: Address specified on your NextGen Account statement, or contact the Merrill Lynch office servicing your accounts.

Non-Merrill Lynch Financial Advisors

Return to: Merrill Lynch P.O. Box 29002 Hot Springs, AR 71903

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Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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Program Administrator

Merrill Lynch, Pierce, Fenner & Smith Incorporated, Program Manager

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