



Client Direct Series 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 Client Direct Series 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. Current NextGen 529 Client Direct Series Account Information

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

Outside financial institution account to be debited:

- 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, and the institution's ABA routing/transit number.

123

YOUR NAME AND ADDRESS

12 - 34
567

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

SAMPLE VOID

_____ **VOID** _____

BANK NAME AND ADDRESS _____

MEMO _____

:123456789: 345678: 1011

TAPE PREPRINTED
VOIDED CHECK HERE

3. Funding frequency and amount

You can make regular contributions to your NextGen 529 Client Direct Series Account by enrolling in AFS. 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 (12 contributions per year)	\$ _____ . _____ Dollar amount of each monthly contribution
QUARTERLY (4 contributions per year)	\$ _____ . _____ Dollar amount of each quarterly contribution
SEMIANNUALLY (2 contributions per year)	\$ _____ . _____ Dollar amount of each semiannual contribution
ANNUALLY (1 contribution per year)	\$ _____ . _____ Dollar amount of the annual contribution

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 Client Direct Series 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

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

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

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

Regular mail: Merrill Document Processing PO Box 14354 Lexington, KY 40512-9706	Overnight mail: Merrill Document Processing 745 W. New Circle Road Lexington, KY 40511
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You may also fax this form to 866.994.7807.



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