



Client Select Series Automated Funding Service Form

Important information about this form:

- Fill out this form to setup, remove, or replace recurring Automated Funding Service (AFS) contributions to your NextGen 529 Account. The assets will be allocated based on your investment selection for your NextGen 529 Account.
- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- You must have an open Account to use this form. If you need to sign up, see your Financial Advisor or use a **Client Select Series Account Application Form** before completing this form.
- Return this form together with a voided check from your checking account or a bank statement. 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.
- Make sure you use black ink. Type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 8am-8pm ET at
1-833-336-4529
(1-833-33NG529)

Individuals with speech or
hearing disabilities may dial 711
to access Telecommunications
Relay Service (TRS) from a
telephone or TTY.

Mail the form to:

NextGen 529
PO Box 534457
Pittsburgh, PA 15253- 4457

Overnight Mail:

NextGen 529
Attention: 534457
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

844-751-0017

1 NextGen 529 Account Information

Name of Participant/Account Owner (First and Last)

Participant/Account Owner's Last 4 Digits of Social Security or
Taxpayer Identification Number

NextGen 529 Account Number

2 Instructions

- ☐ Stop all AFS contributions to this Account (skip to **Step 5**)
- ☐ Replace all AFS contributions to this Account (complete **Steps 3, 4, and 5**)
- ☐ Create a new AFS contribution to this Account (complete **Steps 3, 4, and 5**)

3 Contributions

The assets will be allocated based on your investment selection for the current NextGen 529 Account. You may not use the AFS to make rollover contributions. Automated funding will be rejected if the contribution will cause the Account balance to exceed the \$570,000 per Designated Beneficiary maximum contribution amount. Please refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement** for more information.

How often would you like to make a contribution?

- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☐ Annually

\$ _____ , _____ . _____
Contribution amount

Day of the month (If you don't pick a date, we'll automatically do it on the 1st of every month.*)

____ / ____ / ____
Date to begin contributions (MM/DD/YYYY)

* A note on when contributions will be deducted from your bank account: If the Contribution Day you've selected falls on a regular business day, your contribution will be deducted from your bank account two business days prior to the Contribution Day. If the Contribution Day you've selected falls on a weekend or a holiday, the contribution will be deducted from your bank account on the next Business Day.

4 Bank account information

Attach a voided check or copy of your bank statement (showing the name, address, last 4 digits of the account number) and complete the bank information below. (Please do not staple, use a paper clip for the check, and attach to this form).

If you are the Designated Beneficiary linking your bank account, by signing this form you agree to the following: I am authorizing the Program to debit the account in the amount and frequency on this form, and to accept all other instructions from the Account Owner via telephone, automated withdrawal or online transaction that affect my bank account. I understand and agree that I will have no control over Contributions debited from my bank account, no ownership of the assets in the Account even if they were contributed by me, and that only the Account Owner may direct activity on the Account, including but not limited to transfers, rollovers, and investment changes (as permitted under federal law). I am aware and agree that the Account Owner may make withdrawals from the Account at their discretion for any purpose (subject to state and federal tax laws and penalties) and/or change the Designated Beneficiary at any time and without notice to or consent from me. I also agree and understand that any tax advantages afforded by participating in NextGen 529 will not benefit me, even if the Account is funded by my funds from my bank account, and such potential tax advantages will only benefit the Participant/Account Owner. I agree to indemnify and hold harmless the Program Parties from any and all losses suffered resulting from this consent and the Account Owner's subsequent acts, or failures to act, with respect to my bank account. If I wish to terminate this authorization, I must contact the Plan at 1-833-336-4529, provide any requested documentation or instructions, and allow a reasonable time for such request to be effectuated, during which time I understand that Contributions made cannot be reversed or returned.

Continued on the next page

4 Bank account information (Continued)

What type of documentation are you including to verify this bank account?

- ☐ Voided check
- ☐ Bank statement

Bank Account Type ☐ Checking ☐ Savings

Name on Bank Account

The Participant/Account Owner or Beneficiary must own the bank account connected to the NextGen 529 Account.

Bank Account Holder Signature

(If different from NextGen 529 Participant/Account Owner)

Bank Name

Bank Routing Number

Bank Account Number

Need help?

You can find your bank information on the bottom of one of your checks here:

⑆000000000000⑆	000000000000⑆ 1000
Routing Number	Account Number

5 Sign the form

By signing this form, you're confirming that the information provided is accurate, and true and that you agree and certify that:

- If I selected stop all contributions to this Account, or replace all contributions to this Account:
 - I understand that all currently active contributions to this Account will be cancelled.
 - I understand that my request will become effective once processed by NextGen 529 and that NextGen 529 must receive my request at least 3 business days before I want it to become effective.
- If I selected create a new contribution to this Account, or replace all contributions to this Account:
 - I understand this authorizes NextGen 529 to initiate recurring ACH debits (direct withdrawals) for the total contribution amount from my bank account, or that of the Designated Beneficiary if they have signed above, up to two business days prior to the contribution day.
- I am aware and agree that by providing banking information, I also authorize NextGen 529 to automatically provide certain capabilities in connection with my Account(s). This includes the ability to authorize withdrawals from my Account via telephone or via online portal provided my banking information has been on file for a minimum of 30 days. If I wish to remove the authorization of such capabilities at a later time, I understand and agree that I must delete my banking information, or that of the Designated Beneficiary.
- I understand and agree that if I have chosen to link a bank account belonging to the Designated Beneficiary to my Account, that I agree to indemnify and hold harmless the Program Parties from any and all losses resulting from any and all actions taken in connection with the Designated Beneficiary's bank account, including without limitation withdrawals and any and all negative tax implications resulting from my actions.

Signature of Participant/Account Owner

Date (MM/DD/YYYY)

Vestwell State Savings, LLC ("Vestwell") is the program manager, The Bank of New York Mellon is the program custodian, BlackRock Advisors, LLC is the program investment manager, and BlackRock Investments, LLC, Member FINRA, is the Client Select Series program distributor and underwriter.

Investment products are not FDIC insured, are not bank guaranteed, and may lose value.



Program Manager



FINANCE AUTHORITY OF MAINE

Program Administrator

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