

Important Information about opening a new NextGen 529 Account:

- Use this form to open an individual or custodial (UGMA/UTMA) Account for yourself or a Designated Beneficiary. Please use the **NextGen 529 Client Select Series Entity Application** to open an Account to be owned by an entity.
- This application is for Select Class A, C and I units. Consult the **NextGen 529 Client Select Series Program Description and Participation Agreement** for additional details about unit class eligibility.
- The Financial Intermediary and Financial Professional information in **Step 5** must be completed in order to establish an Account.
- There's a \$570,000 Maximum Contribution Limit per Designated Beneficiary.
- The Participant/Account Owner (or custodian for an UGMA/UTMA account) must be at least 18 years of age, a US Citizen or a lawful permanent resident, and have a valid Social Security Number or Tax Identification Number. Before you start, have the Account Owner and Designated Beneficiary Information available.

Important information about completing this form:

- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- If you connect a bank account, the Participant/Account Owner or Designated Beneficiary (if applicable) must own the banking account.
- 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

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:

1-844-751-0017

1 NextGen 529 Client Select Series Account Type

☐

Individual

☐

UGMA/UTMA under _____ state's rules
State

2 Participant/Account Owner Information

Name of Participant/Account Owner (First and Last)

Date of Birth (MM/DD/YYYY)

Social Security Number or **Taxpayer Identification Number**

Telephone Number**Are you a US citizen?**☐**Yes**☐**No** (Please attach a copy of your Permanent Resident Card. Please do not staple; use a paper clip.)**Residential Address**

No PO Boxes are accepted for a residential address.

Street Address 1

Street Address 2

City

State

ZIP Code**Request for Duplicate Statements**

If you would like a duplicate set of statements to be sent to an interested party, please complete the **NextGen 529 Client Select Series Interested Party Duplicate Statement Request Form**, available online at NextGenforME.com.

3 Designated Beneficiary Information

This Account is designed to be used for the Designated Beneficiary's Qualified Higher Education Expenses, as defined in Section 529 of the Internal Revenue Code.

Individual (non-custodial) Accounts can change the Designated Beneficiary as long as the new Designated Beneficiary qualifies as a "Member of the Family" as defined in Section 529 of the Internal Revenue Code.

Is the Participant/Account Owner also the Designated Beneficiary?

- ☐ **Yes** (Please leave the following blank.)
- ☐ **No** (Please complete the following with the Designated Beneficiary's information.)

Name of Designated Beneficiary (First and Last)

__ __ / __ __ / __ __ __ __

Date of Birth (MM/DD/YYYY)

__ __ __ __ - __ __ __ __ - __ __ __ __ __ __

Social Security Number or **Taxpayer Identification Number****Residential Address**

- ☐ Residential address is the same as the Participant/Account Owner or UGMA/UTMA custodian
(Leave address information below blank.)

Street Address 1

Street Address 2

City

State

ZIP Code

4 Successor Participant/Account Owner Information (Optional)

Complete this step only if you selected individual (non-custodial) Account in Step 1.

The Successor Participant/Account Owner must be at least 18 years old and is eligible to become the Participant/Account Owner in the event the original Participant/Account Owner dies or becomes legally incapacitated.

Do you want to add a Successor Participant/Account Owner?

You can always add or change the Successor Participant/Account Owner at any time (on individual Accounts).

☐ **Yes** (Please complete the following with the Successor Participant/Account Owner's information)

☐ **No** (Please leave the following blank)

Name (First and Last)

___ ___ / ___ ___ / ___ ___ ___ ___

Date of Birth (MM/DD/YYYY)

___ ___ - ___ ___ - ___ ___ ___ ___

Social Security Number or **Taxpayer Identification Number**

5 Financial Professional Information

Your Financial Professional will have this information available and should help you complete and review it for accuracy.

Name of Financial Intermediary Firm

Financial Intermediary Number

Branch Number

Street Address 1

Street Address 2

Full Name of Financial Professional

Rep Identification Number

City

State

ZIP Code

Financial Professional's Telephone Number

Financial Intermediary's Contact Telephone Number

Email Address

Instruction to Financial Professionals

Financial Professionals: This application is for Select Class A, C and I units. Select Class I units may only be purchased through FINRA Registered Investment Advisors or approved fee-based firms. Unless eligible for Class I units, the NextGen Select Account will be invested in A or C units, based on the Participant's Eligible Assets. If the Participant's Eligible Assets are less than \$250,000, contributions will be invested in C units that will automatically exchange to A units, without a sales charge, after 4 years from the date of initial purchase. Mark the circle in 5A or 5B, if either option applies to this purchase. Absent your election in 5A or 5B, the Participant will otherwise purchase C units with this Application. Consult the **NextGen Select Program Description and Participation Agreement** for details. Your signature is required at the end of this **Step 5**, on page 6. The Participant may elect to authorize the Program to accept instructions from you by marking the circle in **Step 6**.

Continued on the next page.

5 Financial Professional Information (Continued)

A. Class I Units Eligibility (Complete this section if you are requesting to purchase I Unit Portfolios. Skip if purchasing A or C Units.)

Class I units are available to investors purchasing through FINRA Registered Investment Advisors or approved fee-based firms only. This unit class is not available to all investors; completion of this section and the Financial Professional's signature below (and if required the signature of the Financial Professional's Principal), are required to confirm that the Participant/Account Owner is eligible to purchase Class I units. To invest in Class I units, the Financial Professional, on behalf of the Financial Intermediary, must indicate in what capacity the investor is eligible to purchase these units by checking the applicable category below:

- ☐ The Financial Intermediary charges the Participant/Account Owner outside of NextGen 529 for advisory, investment consulting, or similar services (and does not expect to be compensated by the Program or the Select Series Distributor for sales of units in the Client Select Series to the Participant/Account Owner).
- ☐ The Financial Intermediary has entered into an agreement with the NextGen 529 Client Select Series Distributor (i.e. the distributor of units) of the NextGen 529 Client Select Series to offer Class I units on a platform that charges a transaction-based sales commission outside of the NextGen 529 Client Select Series.

B. Class A Units Eligibility (Complete this section if you are requesting to purchase A Unit Portfolios. Skip if purchasing C or I Units.)

The Participant's Eligible Assets generally are defined as the aggregate value of all investments held by the Participant in accounts with the relevant Financial Intermediary. The Financial Intermediary shall be responsible for notifying the Program Manager of the aggregate value of investments in a Participant's account(s) in order to qualify for A unit purchases of less than \$250,000.

- ☐ The aggregate value of the Account Holder's Eligible Assets is at least \$250,000 and qualifies for purchase of A units.

I (the Financial Professional associated with the above Financial Intermediary) have complied with my firm's policies and procedures in regards to opening this Account. If a Principal's approval is required by my firm's policies, I am submitting this form with my Principal's signature in addition to mine.

Signature of Financial Professional

Principal Approval (if required)

___ / ___ / ___
Date (MM/DD/YYYY)

6 Financial Professional Authority

- ☐ I, the Participant/Account Owner, authorize the NextGen 529 Plan and its agents, Vestwell State Savings, LLC, the Program Manager, and The Bank of New York Mellon, the Program Custodian, to provide my Financial Intermediary with complete access to my Account information and the ability to execute transactions (investment of contributions, withdrawals, exchanges among investment options) in my Account on my behalf by telephone, mail, and through the Program's secure website. I understand and acknowledge that such transaction authority is not limited to my Financial Professional but extends to anyone authorized by my Financial Intermediary firm to execute such transactions on my behalf. I understand that certain changes to my Account information (e.g., name of Account Owner, name of Designated Beneficiary, bank account information) will still require my signature on the applicable form. I understand and agree that the NextGen 529 Plan, the State of Maine, FAME, the Program Manager, the Program Custodian, the Investment Manager, the Select Series Distributor, and their respective agents, employees and affiliates will not have any liability for any losses I may incur as a result of the acts or omissions of my Financial Intermediary or Financial Professional.

If I, the Participant/Account Owner, grants such authorization, none of FAME, the State of Maine, the Program Manager, the Program Custodian, the Select Series Distributor, the Investment Manager, Franklin Templeton Investments, Lord Abbett & Co. LLC, Massachusetts Financial Services Company, Neuberger Berman Investment Advisers LLC or New York Life Investment Management LLC or any other organization will be liable for any consequences related to your Financial Intermediary's acts or omissions pursuant to the authorization.

I may revoke my Financial Intermediary firm's authority to transact business in my Account by calling 1-833-336-4529, or by completing the **NextGen 529 Client Select Series Change Account Information Form**.

7 Communication Preferences

Mailing Address

PO Boxes are accepted for a mailing address.

- ☐ Use the Participant/Account Owner's address of record as the mailing address (Leave address information below blank.)

Street Address 1

Street Address 2

City

State

Zip Code

Choose how you want to receive statements and tax forms for all the Accounts you manage.

(Please select one)

- ☐ Send digital tax forms, Account information and quarterly statements by email.
(Please answer A below.)
- ☐ Send digital quarterly statements and Account information by email but send tax forms by U.S. Mail.
(Please answer A below.)
- ☐ Send quarterly statements, Account information and tax forms by U.S. Mail.

- 7A. What email address should we use?**
(Required if you have chosen to receive items by email.)

Email Address

8 Portfolio Information - Unit Class and Corresponding Fund Number

Enter in the next **Step 9A** the percentage of future contributions to be allocated to each Portfolio as whole numbers. **Unit Class Disclosure:** Unless you are eligible for and have chosen I units, your NextGen 529 Account will be invested in A or C units (each unit class has different fees and expenses based on your Eligible Assets). If your Eligible Assets are less than \$250,000, your contributions will be invested in C units that will automatically exchange to A units, without a sales charge, after 4 years from the date of initial purchase. When your Financial Professional notifies the Program Manager that your Eligible Assets reach or exceed \$250,000, contributions to your Account will be invested in A units without a sales charge. Class I units are only available to certain investors. **Step 5** of this form must be completed by your Financial Professional to confirm eligibility for I unit class or A unit class, as applicable.

YEAR OF ENROLLMENT PORTFOLIOS

Please refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement** for details about Portfolios, Allocations, and Investments.

| Portfolio Name | Fund Number | | |
|-------------------------------------|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| BlackRock 2045 Enrollment Portfolio | 843 | 844 | 988 |
| BlackRock 2043 Enrollment Portfolio | 841 | 842 | 987 |
| BlackRock 2041 Enrollment Portfolio | 511 | 512 | 922 |
| BlackRock 2038 Enrollment Portfolio | 784 | 801 | 923 |
| BlackRock 2035 Enrollment Portfolio | 767 | 774 | 924 |
| BlackRock 2033 Enrollment Portfolio | 527 | 528 | 925 |
| BlackRock 2029 Enrollment Portfolio | 514 | 515 | 926 |
| BlackRock 2027 Enrollment Portfolio | 517 | 518 | 927 |
| BlackRock 2026 Enrollment Portfolio | 785 | 802 | 928 |
| BlackRock Enrolled Portfolio | 522 | 523 | 931 |
| iShares 2045 Enrollment Portfolio | 839 | 840 | 986 |
| iShares 2043 Enrollment Portfolio | 837 | 838 | 985 |
| iShares 2041 Enrollment Portfolio | 732 | 733 | 900 |
| iShares 2038 Enrollment Portfolio | 787 | 804 | 901 |
| iShares 2035 Enrollment Portfolio | 770 | 775 | 902 |
| iShares 2033 Enrollment Portfolio | 734 | 735 | 903 |
| iShares 2029 Enrollment Portfolio | 736 | 737 | 904 |
| iShares 2027 Enrollment Portfolio | 738 | 739 | 905 |
| iShares 2026 Enrollment Portfolio | 788 | 805 | 906 |
| iShares Enrolled Portfolio | 742 | 743 | 909 |

8 Portfolio Information - Unit Class and Corresponding Fund Number (Continued)

YEAR OF ENROLLMENT PORTFOLIOS (CONTINUED)

| Portfolio Name | Fund Number | | |
|--|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| Franklin Templeton 2045 Enrollment Portfolio | 851 | 852 | 992 |
| Franklin Templeton 2043 Enrollment Portfolio | 849 | 850 | 991 |
| Franklin Templeton 2041 Enrollment Portfolio | 979 | 980 | 981 |
| Franklin Templeton 2038 Enrollment Portfolio | 982 | 983 | 984 |
| Franklin Templeton 2036 Enrollment Portfolio | 556 | 557 | 939 |
| Franklin Templeton 2034 Enrollment Portfolio | 794 | 811 | 940 |
| Franklin Templeton 2032 Enrollment Portfolio | 573 | 574 | 941 |
| Franklin Templeton 2030 Enrollment Portfolio | 768 | 776 | 942 |
| Franklin Templeton 2028 Enrollment Portfolio | 580 | 581 | 943 |
| Franklin Templeton 2027 Enrollment Portfolio | 795 | 812 | 944 |
| Franklin Templeton 2026 Enrollment Portfolio | 769 | 777 | 945 |
| Franklin Templeton Enrolled Portfolio | 576 | 577 | 949 |
| MFS 2045 Enrollment Portfolio | 847 | 848 | 990 |
| MFS 2043 Enrollment Portfolio | 845 | 846 | 989 |
| MFS 2041 Enrollment Portfolio | 600 | 601 | 957 |
| MFS 2038 Enrollment Portfolio | 797 | 814 | 958 |
| MFS 2035 Enrollment Portfolio | 615 | 616 | 959 |
| MFS 2033 Enrollment Portfolio | 798 | 815 | 960 |
| MFS 2031 Enrollment Portfolio | 603 | 604 | 961 |
| MFS 2029 Enrollment Portfolio | 799 | 816 | 962 |
| MFS 2027 Enrollment Portfolio | 606 | 607 | 963 |
| MFS Enrolled Portfolio | 612 | 613 | 966 |

8 Portfolio Information - Unit Class and Corresponding Fund Number (Continued)

DIVERSIFIED PORTFOLIOS

Please refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement** for details about Portfolios, Allocations, and Investments.

| Portfolio Name | Fund Number | | |
|--|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| BlackRock Fixed Income Portfolio | 540 | 541 | 934 |
| BlackRock 100% Equity Portfolio | 537 | 538 | 932 |
| BlackRock 75% Equity Portfolio | 505 | 506 | 933 |
| Franklin Templeton Balanced Portfolio | 564 | 565 | 952 |
| Franklin Templeton Growth and Income Portfolio | 567 | 568 | 951 |
| Franklin Templeton Growth Portfolio | 569 | 570 | 950 |
| iShares Diversified Equity Portfolio | 752 | 753 | 910 |
| iShares Diversified Fixed Income Portfolio | 750 | 751 | 911 |
| MFS Conservative Mixed Asset Portfolio | 762 | 763 | 972 |
| MFS Equity Portfolio | 618 | 620 | 967 |
| MFS Fixed Income Portfolio | 624 | 625 | 968 |

SINGLE FUND PORTFOLIOS

Please refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement** for details about Portfolios, Allocations, and Investments.

| Portfolio Name | Fund Number | | |
|---|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| BlackRock Inflation Protected Bond Portfolio* | 765 | 764 | 973 |
| BlackRock Advantage Large Cap Core Portfolio | 548 | 549 | 936 |
| BlackRock Advantage Large Cap Growth Portfolio | 546 | 547 | 937 |
| BlackRock Equity Dividend Portfolio | 730 | 731 | 935 |
| BlackRock Global Allocation Portfolio | 544 | 545 | 938 |
| Franklin Templeton International Aggregate Bond ETF Portfolio | 586 | 587 | 953 |
| Franklin Templeton Clearbridge Appreciation Portfolio | 550 | 551 | 954 |
| Franklin Templeton Small Cap Value Portfolio | 552 | 553 | 955 |
| Franklin Templeton Clearbridge Small Cap Growth Portfolio | 554 | 555 | 956 |

8 Portfolio Information - Unit Class and Corresponding Fund Number (Continued)

SINGLE FUND PORTFOLIOS (CONTINUED)

| Portfolio Name | Fund Number | | |
|---|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| iShares Broad USD High Yield Corporate Bond Portfolio | 857 | 858 | 995 |
| iShares Core 1-5 Year USD Bond Portfolio | 863 | 864 | 998 |
| iShares Core 30/70 Conservative Allocation Portfolio | 744 | 745 | 912 |
| iShares Core 40/60 Moderate Allocation Portfolio | 746 | 747 | 914 |
| iShares Core 60/40 Balanced Allocation Portfolio | 748 | 749 | 913 |
| iShares Core Dividend Growth Portfolio | 861 | 862 | 997 |
| iShares Core MSCI EAFE Portfolio | 791 | 808 | 915 |
| iShares Core MSCI EM Portfolio | 792 | 809 | 916 |
| iShares Core S&P 500 Portfolio | 853 | 854 | 993 |
| iShares Core S&P Mid-Cap Portfolio | 865 | 866 | 890 |
| iShares Core S&P Small-Cap Portfolio | 855 | 856 | 994 |
| iShares Core U.S. Aggregate Bond Portfolio | 859 | 860 | 996 |
| iShares ESG Aware MSCI EAFE Portfolio | 831 | 834 | 919 |
| iShares ESG Aware MSCI EM Portfolio | 832 | 835 | 920 |
| iShares ESG Aware U.S. Aggregate Bond Portfolio | 833 | 836 | 921 |
| iShares MSCI USA ESG Select Portfolio | 790 | 807 | 917 |
| iShares TIPS Bond Portfolio | 793 | 810 | 918 |
| Lord Abbett Total Return Portfolio | 759 | 760 | 975 |
| NYLI Winslow Large Cap Growth Portfolio** | 695 | 696 | 974 |
| MFS Global Equity Portfolio | 800 | 817 | 969 |
| MFS Research International Portfolio | 627 | 628 | 971 |
| MFS Value Portfolio | 629 | 630 | 970 |
| Neuberger Berman International Equity Portfolio | 757 | 758 | 976 |

*Formerly American Century Inflation-Adjusted Bond Portfolio.

**Formerly Mainstay Winslow Large Cap Growth Portfolio.

STABLE PRINCIPAL

Please refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement** for details about Portfolios, Allocations, and Investments.

| Portfolio Name | Fund Number | | |
|---------------------------|-------------|--------|--------|
| | A Unit | C Unit | I Unit |
| Principal Plus Portfolio | 677 | 678 | 977 |
| NextGen Savings Portfolio | 642 | 643 | 978 |

9 A. Contribution Information: Portfolio Selection

See **Step 8** – beginning on page 8 – for a listing of Funds, Unit Classes, and corresponding Fund Numbers to be entered here. **Total percentages must be in whole numbers and equal 100%.**

| | | |
|--------------------|------------------|-------------------|
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |
| ____ _ | ____ _ | ____ _ |
| Fund Number | Fund Name | Percentage |

| | |
|---|-------------|
| Total percentage invested in Investment Option(s): | 100% |
|---|-------------|

9 B. Contribution Information: Amount and Source

There's a \$570,000 Maximum Contribution Limit per Designated Beneficiary.

You can connect a bank account (**Step 10**), or include a check made payable to "NextGen 529 FBO [Name of Designated Beneficiary]."

How do you want to fund this Account?

- ☐ **Initial contribution only** (You must make an initial minimum contribution of at least \$25.)
- ☐ **Initial contribution and recurring contributions** (You can fund your Account through the Automated Funding Service (AFS), or direct deposit through payroll deductions if permitted by your employer.)
- ☐ **Recurring contributions only** (You can fund your Account through the Automated Funding Service (AFS), or direct deposit through payroll deductions if permitted by your employer.)

\$ _____ , _____ . _____

Initial Contribution Amount (If applicable)

There is a \$570,000 Maximum Contribution Limit
per Designated Beneficiary.

How are you making this contribution?

- ☐ **Check** (Please include a check made payable to "NextGen 529 FBO [Name of Designated Beneficiary]." Do not staple; use a paper clip for the check and attach it to this form.)
- ☐ **ACH deposit** (Please complete your Portfolio selection, then fill out **Step 10**.)
- ☐ **Payroll deductions** (To set up direct deposit through payroll deduction contributions into your NextGen 529 Account, please complete the **NextGen 529 Client Select Series Payroll Deduction Form** and send with your Application Form. You can find forms at NextGenforME.com)
- ☐ **Rollover** from another Section 529 Plan, Coverdell ESA, U.S. Savings Bonds, or from a UGMA/UTMA Account. (Please fill out and include the **NextGen 529 Client Select Series Incoming Rollover/Direct Transfer Form**. You can find forms at NextGenforME.com)
- ☐ **Transfer** from existing NextGen 529 Client Direct Series Account or existing NextGen 529 Client Connect Series Account. (Please fill out and include the **NextGen 529 Series Change Form**. You can find forms at NextGenforME.com)

9 C. Contribution Information: Set Up Recurring Contributions (Optional)

This will authorize us to initiate recurring ACH debits (direct withdrawals) from your bank account (from **Step 10**) on the schedule you indicated for the amount you set. You may cancel or change these recurring ACH debits (direct withdrawals) at any time online or by completing a **NextGen 529 Client Select Series Automated Funding Service Form**; however, we must receive your request at least 3 business days before you want it to become effective. We will continue to process transactions scheduled to occur before the end of the 3rd business day after you tell us to stop.

Would you like to make recurring contributions?

☐ **Yes** (Please complete the following.) ☐ **No** (Please leave the following blank.)

How often would you like to make a contribution?

- ☐ **Monthly**
- ☐ **Quarterly**
- ☐ **Semi-annually**
- ☐ **Annually**

\$ _____ , _____ . _____

Recurring Contribution Amount (If applicable)

____ / ____ / ____

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 Contribution (MM/DD/YYYY)

*Note: 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.

10 Bank Account Information

If you choose to make deposits or withdrawals with an ACH bank transfer, attach a voided check or copy of a bank statement (showing the name, address, last 4 digits of the bank account number) and complete the bank information below. Please do not staple, use a paper clip for the check or bank statement, 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.

10 Bank Account Information (Continued)

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

- ☐ Voided Check ☐ Bank Statement

Name on Bank Account (Required)

The Participant/Account Owner or Designated 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 Account Type

- ☐ Checking ☐ Savings

Bank Name (Required)

Bank Routing Number (Required)

Bank Account Number (Required)

Need help?

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

| | | |
|-------------------|-------------------|-------|
| ⑆000000000 | ⑆00000000000 | ⑆1000 |
| Routing Number | Account Number | |

11 Sign the Form

By signing below, I am agreeing to the terms and conditions set forth in this Application and in the **NextGen 529 Client Select Series Program Description and Participation Agreement**. I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I have received, read, and understand the **NextGen 529 Client Select Series Program Description and Participation Agreement**.

I will retain a copy of the **NextGen 529 Client Select Series Program Description and Participation Agreement** for my records. I understand that NextGen 529 may, from time to time, amend the **NextGen 529 Client Select Series Program Description and Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this **NextGen 529 Client Select Series Account Application** is, and all information provided by me in the future will be, true, complete and correct and I authorize NextGen 529 to open this Account based upon this information.

I understand that NextGen 529 will send all notices and communications relating to my Account in accordance with the communication preferences identified in **Step 7**. I will notify NextGen 529 of changes to my mailing address or email address and if my communication preferences change.

I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).

If I have enclosed a **NextGen 529 Client Select Series Incoming Rollover Form** and check for a rollover, I also certify that this amount was withdrawn from another qualified tuition program, a Coverdell Education Savings Account, an UGMA/UTMA account, or a qualified U.S. Savings Bond within the last 60 days and that I have not previously made a rollover for the same Designated Beneficiary from one qualified tuition program to another within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless NextGen 529 receives a statement, including breakdown of the earnings and contributions, from the liquidating source.

I am aware 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 Accounts via telephone or through NextGenforME.com provided my banking information has been on file for a minimum of 30 days. If I wish to remove these capabilities from my Account(s), I must remove my banking information.

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.

Continued on the next page.

11 Sign the Form (Continued)

If NextGen 529 is not your home state 529 plan, you should be aware of the following:

- Depending upon the laws of your home state or your Beneficiary's home state, favorable state tax treatment or other state benefits such as financial aid, scholarship funds, and protection from creditors may only be available for investments in such state's Section 529 plan.
- Any state-based benefits offered with respect to a particular Section 529 college savings plan should be one of many appropriately weighted factors to be considered in making an investment decision.
- You should consult with your tax or other financial professionals to learn more about how state-based benefits (including any limitations) would apply to your specific circumstances and you also may wish to contact your home state or any other Section 529 plan to learn more about the features, benefits and limitations of that state's Section 529 plan.
- Any information presented by FAME about tax considerations affecting your financial transactions or arrangements is not intended as tax advice and cannot be relied upon for the purpose of avoiding any tax penalties. FAME does not provide tax, accounting or legal advice. You should review any planned financial transactions or arrangements that may have tax, accounting or legal implications with your personal financial professional.

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



Program Administrator

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