

### Important information about opening a new NextGen 529 Account:

- Use this form to open an entity-owned NextGen 529 Account.
- This application is for Select Class A, C and I units. Class I units can only be purchased through FINRA Registered Investment Advisors or approved fee-based firms. Consult the **NextGen 529 Client Select Series Program Description and Participation Agreement** for additional details about the eligibility of this unit class.
- There's a \$545,000 Maximum Contribution Limit per Designated Beneficiary.

### Important information about completing this form:

- Carefully read the **NextGen 529 Client Select Series Program Description and Participation Agreement** before completing this form.
- The Financial Intermediary and Financial Professional information in **Step 7** must be completed in order to establish an Account.
- If you qualify as an Entity, you don't have to name a Designated Beneficiary. If you name a Designated Beneficiary, you can change it later using the **NextGen 529 Client Select Series Change Beneficiary Form**, as long as the new beneficiary is a qualified "Member of the Family" of the original beneficiary.
- **Note:** A Designated Beneficiary must be named for all types of Accounts, except for qualified scholarship Accounts opened by an IRC Section 501(c)(3) or State or Local Government Agency or Instrumentality thereof that will name a Designated Beneficiary in the future.
- If you connect a bank account, the Entity Participant/Account Owner, Trust or 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 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:

1-844-751-0017

## 1 Are You Funding the New Account with a Rollover?

- ☐ **Yes** (Please fill out and include the applicable **NextGen 529 Client Select Series Incoming Rollover Form**. You can find forms at [www.NextGenforME.com](http://www.NextGenforME.com))
- ☐ **No**

## 2 Entity Participant/Account Owner Information

Type of entity (Select one)

- ☐ Trust or Estate (Foreign Trusts are not eligible)
- ☐ Business entity (Corporation, Partnership, Company or Association)
- ☐ Internal Revenue Code (IRC) Section 501(c)(3) Organization
- ☐ State or Local Government, or Agency or Instrumentality thereof

Type of Account (Select one)

- ☐ Entity Account for named Designated Beneficiary
- ☐ Qualified scholarship Account for named Designated Beneficiary
- ☐ Qualified scholarship Account for unnamed Designated Beneficiary (only permitted for a State or Local Government or Agency or Instrumentality thereof, or an IRC Section 501(c)(3) Organization)

Entity Name (First and Last)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Federal Tax Identification Number/TIN/EIN (Provide one)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Certification/Incorporation/Trust (MM/DD/YYYY)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Entity Telephone Number

Entity address

Principal place of business or local office address (No PO Box)

Street Address 1

Street Address 2

City

State

ZIP Code

### 3 Authorized Representative Information

An Entity Participant/Account Owner must designate an Authorized Representative to act on its behalf and must provide their Social Security Number or Taxpayer Identification Number.

\_\_\_\_\_  
**Name** (First and Last)

\_\_\_\_\_  
**Title Role or Position**

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
**Social Security or Taxpayer Identification Number**

\_\_\_\_ \_ / \_\_\_\_ \_ / \_\_\_\_ \_  
**Date of Birth** (MM/DD/YYYY)

\_\_\_\_ \_ - \_\_\_\_ \_ - \_\_\_\_ \_  
**Telephone Number**

**Residential address**  
(No PO Box)

\_\_\_\_\_  
**Street Address 1**

\_\_\_\_\_  
**Street Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_ \_ - \_\_\_\_ \_  
**ZIP Code**

**4 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.

**Note:** A Designated Beneficiary must be named for all types of Accounts, except for qualified scholarship Accounts opened by an IRC Section 501(c)(3) or State or Local Government Agency or Instrumentality thereof that will name a Designated Beneficiary in the future.

\_\_\_\_\_  
**Name** (First and Last)

\_\_\_ / \_\_\_ / \_\_\_  
**Date of Birth** (MM/DD/YYYY)

\_\_\_ - \_\_\_ - \_\_\_  
**Social Security or Taxpayer Identification Number**

**Residential address**

\_\_\_\_\_  
**Street Address 1**

\_\_\_\_\_  
**Street Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP Code**

## 5 Beneficial Owner(s) Information

We are required to verify the identity of Beneficial Owner(s) who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, own(s) 25% or more of the equity interests of the legal entity listed in **Step 2** of this **NextGen 529 Client Select Series Entity Account Application**. (If no individual meets this definition, please write "Not Applicable".)

\_\_\_\_\_  
**Beneficial Owner 1 Name** (First and Last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (MM/DD/YYYY)

### Residential or Business Address

\_\_\_\_\_  
**US Person:** Social Security or Taxpayer Identification Number

\_\_\_\_\_  
**Non-US Person:** Social Security, Passport Number and Country of Issuance or other similar identification number\*

\_\_\_\_\_  
**Beneficial Owner 2 Name** (First and Last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (MM/DD/YYYY)

### Residential or Business Address

\_\_\_\_\_  
**US Person:** Social Security or Taxpayer Identification Number

\_\_\_\_\_  
**Non-US Person:** Social Security, Passport Number and Country of Issuance or other similar identification number\*

\_\_\_\_\_  
**Beneficial Owner 3 Name** (First and Last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (MM/DD/YYYY)

### Residential or Business Address

\_\_\_\_\_  
**US Person:** Social Security or Taxpayer Identification Number

\_\_\_\_\_  
**Non-US Person:** Social Security, Passport Number and Country of Issuance or other similar identification number\*

Continued on the next page.

## 5 Beneficial Owner(s) Information (Continued)

\_\_\_\_\_  
**Beneficial Owner 4 Name** (First and Last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (MM/DD/YYYY)

\_\_\_\_\_  
**Residential or Business Address**

\_\_\_\_\_  
**US Person:** Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
**Non-US Person:** Social Security, Passport Number  
and Country of Issuance or other similar  
identification number\*

Please enter the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- **An Executive officer or senior manager** (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer),

OR

- Any other individual who regularly performs similar functions. (If appropriate, an individual listed in the Step above may also be listed in this Step.)

\_\_\_\_\_  
**Executive Officer or Senior Manager Name** (First and Last)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date of Birth** (MM/DD/YYYY)

\_\_\_\_\_  
**Residential or Business Address**

\_\_\_\_\_  
**US Person:** Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
**Non-US Person:** Social Security, Passport Number  
and Country of Issuance or other similar  
identification number\*

I, \_\_\_\_\_ (name of natural person opening the Account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date** (MM/DD/YYYY)

\_\_\_\_\_  
**Legal Entity Identifier** (if applicable)

\*In lieu of a passport number, non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document(s) evidencing nationality or residence and bearing a photograph or similar safeguard.

## 6 Communication Preferences

### Mailing address

PO Boxes are accepted for mailing address.

\_\_\_\_\_  
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 (Select one)

- ☐ Send digital tax forms, Account information and quarterly statements by email  
(Please answer **Step 6A** below)
  - ☐ Send digital quarterly statements and Account information by email, but send tax forms by U.S. mail\*  
(Please answer **Step 6A** below)
  - ☐ Send quarterly statements, Account information and tax forms by U.S. mail\*
- **6A. What email address should we use?**  
Answer if you've chosen to receive items by email, this should be the Authorized Representative's email address.

\_\_\_\_\_  
Email Address

\* All documents sent by U.S. mail will be mailed to the Account's mailing address.

## 7 Financial Professional Information

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

\_\_\_\_\_  
**Name of Financial Intermediary Firm**

\_\_\_\_\_  
**Financial Intermediary Number**

\_\_\_\_\_  
**Branch Number**

\_\_\_\_\_  
**Street Address 1**

\_\_\_\_\_  
**Street Address 2**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**ZIP Code**

\_\_\_\_\_  
**Full Name of Financial Professional**

\_\_\_\_\_  
**Rep Identification Number**

\_\_\_\_\_  
**Financial Professional's Telephone Number**

\_\_\_\_\_  
**Financial Intermediary's Contact Telephone Number**

\_\_\_\_\_  
**Email Address**

Financial Professional Authority

- ☐ I 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 Client 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 a Participant grants such authorization, none of FAME, the State of Maine, the Program Manager, the Program Custodian, the Client Select Series Distributor, the Investment Manager, Franklin Templeton Investments, Lord Abbett & Co. LLC, Massachusetts Financial Services Company, Neuberger Berman Investment Advisers LLC, New York Life Investment Management LLC or any other organization will be liable for any consequences related to my 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**.

Continued on the next page.



## 7 Financial Professional Information (Continued)

**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. In order 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 for advisory, investment consulting, or similar services (and does not expect to be compensated by the Program or the Client Select Series Distributor for sales of units in the **NextGen 529 Client Select Series** to the Participant/Account Owner).
- ☐ The Financial Intermediary has entered into an agreement with the 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**.

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)

## 8 Portfolio Information

Enter in **Step 9** 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 Client Select Series Account will be automatically invested in A or C units (each unit class has different fees and expenses). If the assets across all of your NextGen 529 Client Select Series Accounts 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 total NextGen 529 Client Select Series Account assets reach or exceed \$250,000, contributions to your Account will be automatically invested in A units without a sales charge. (You must provide evidence of the value of any NextGen 529 Accounts not serviced by Vestwell for such values to be included in determining unit class eligibility.) Class I units are only available to certain investors. **Step 7** of this form must be completed by your Financial Professional to confirm I unit class eligibility.

### 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 2025 Enrollment Portfolio	520	521	929
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 2025 Enrollment Portfolio	740	741	907
iShares Enrolled Portfolio	742	743	909

## 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 2025 Enrollment Portfolio	583	584	946
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 2025 Enrollment Portfolio	773	780	964
MFS Enrolled Portfolio	612	613	966

## 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
iShares Diversified Equity Portfolio	752	753	910
iShares Diversified Fixed Income Portfolio	750	751	911
Franklin Templeton Balanced Portfolio	564	565	952
Franklin Templeton Growth and Income Portfolio	567	568	951
Franklin Templeton Growth Portfolio	569	570	950
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
iShares Core 30/70 Conservative Allocation Portfolio	744	745	912
iShares Core 60/40 Balanced Allocation Portfolio	748	749	913
iShares Core 40/60 Moderate Allocation Portfolio	746	747	914
iShares Core MSCI EAFE Portfolio	791	808	915
iShares Core MSCI EM Portfolio	792	809	916
iShares TIPS Bond Portfolio	793	810	918
iShares MSCI USA ESG Select Portfolio	790	807	917

## SINGLE FUND PORTFOLIOS (CONTINUED)

Portfolio Name	Fund Number		
	A Unit	C Unit	I Unit
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
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
Lord Abbett Total Return Portfolio	759	760	975
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
NYLI Winslow Large Cap Growth Portfolio**	695	696	974

\*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 10 – 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%.**

____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>
____ _	____ _	____ _
<b>Fund Number</b>	<b>Fund Name</b>	<b>Percentage</b>

<b>Total percentage invested in Investment Option(s):</b>	<b>100%</b>
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## 9 B. Contribution Information: Amount and Source

There's a \$545,000 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)

### 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 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 include it with your Application Form. You can find forms at [NextGenforME.com](https://NextGenforME.com))
- ☐ **Rollover** from another Section 529 Plan, Coverdell ESA, U.S. Savings Bonds, an existing NextGen 529 Client Select Series Account, 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](https://NextGenforME.com))
- ☐ **Transfer** from existing NextGen 529 Client Direct Series 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](https://NextGenforME.com))

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

This will authorize us to initiate recurring Automated Funding Service (AFS) contributions using Automated Clearing House (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**
- ☐ **Semiannually**
- ☐ **Annually**

\$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_  
**Initial 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 and 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.

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

☐ Voided Check ☐ Bank Statement

### Name on Bank Account (Required)

If you decide to connect a bank, the full name on the bank account needs to be the same as either the Trust or the Entity.

### Signature of individual authorized to act on behalf of the bank account

### 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	⑆ 000000000000	⑆ 1000
Routing Number	Account Number	

**11 Verification Documentation Checklist**

To help the government fight the funding of terrorism and money laundering activities, the following evidence must be provided along with this form (See List of Acceptable Documentation at the end of this document):

- Documentation verifying the existence of the Entity or Trust listed in **Step 2**
- Documentation verifying the identity of the Authorized Representative listed in **Step 3** and each Beneficial Owner listed in **Step 5**
- Documentation that proves each Beneficial Owner listed in **Step 5** is a Beneficial Owner of the Entity or Trust
- Documentation verifying that the Authorized Representative can open the Account and conduct transactions on behalf of the entity

## 12 Sign the Form

By signing below, I am agreeing to the terms and conditions set forth below 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 herein incorporated by reference. I hereby establish, as the Authorized Representative of the above-named Entity, an Account representing an interest in NextGen 529. I certify that all of the information provided by me on this **NextGen 529 Client Select Series Entity Account Application**, 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 on this information.

I certify that I am authorized to conduct and transact business on behalf of the entity named in this application.

I understand that the initial and subsequent contributions for this Account will be invested using the instructions I provided in **Step 9**.

If I am opening a Trust Account, I certify that the Trust continues to be in effect and that the named trustees have not been replaced.

If I am opening a 501(c)(3) organization Account, I certify that the certified letter of memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code continues to be in effect.

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.

If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another state's 529 College Savings account, Coverdell Education Savings account (CESA), UGMA/UTMA account or qualified U.S. Savings Bond within the last 60 days and that I have not previously made a rollover for same 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.

If I have provided banking information in **Step 10**, I authorize NextGen 529 to debit the Entity's bank account and to deposit such funds into the Entity's NextGen 529 Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither NextGen 529 nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.

\_\_\_\_\_  
Signature of Authorized Representative of Entity

\_\_\_ / \_\_\_ / \_\_\_  
Date (MM/DD/YYYY)

## List of Acceptable Documentation for Entities and Trusts

To help the government fight the funding of terrorism and money laundering activities, the following documentary evidence must be provided along with this **NextGen 529 Client Select Series Entity Account Application**. These documents are required to open an Account and to establish the identity of the Entity Participant/Account Owner.

Type of Entity	Documentary Evidence
Corporation	Certified Articles of Incorporation or a government-issued business license
Trust	Copy of the first and last pages of the Trust Instrument
Partnership	Copy of the Partnership Agreement
Limited Liability Corporation (LLC)	Copy of the LLC Agreement
Estate	Certified copy of the court order establishing the estate
Non-Profit Organization under IRC Section 501(c)(3)	Certified letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described under IRC Section 501(c)(3)
State or Local Government, or Agency or Instrumentality thereof	Copy of your organization's official charter, creation, incorporation, or nonprofit status as defined by your State's laws

You may also be required to provide additional substantiation to open and transact business for this Account. Refer to the **NextGen 529 Client Select Series Program Description and Participation Agreement**.

## List of Acceptable Documentation for Verifying Individuals

### Acceptable ID Documentation

- |  |   |
|--|---|
| Option A<br>Include a copy of a Department<br>of Motor Vehicles State ID | Option B<br>Include a copy of both your<br>Social Security card and<br>your birth certificate |
|--|---|

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information, including your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify the identity of an individual, we may have to close your Account or take other steps we think are necessary.

## List of Approved Documents for Substantiation by Entity Participant/Account Owners

Substantiation is required from an Entity Participant/Account Owner when opening an Account or when conducting a transaction for that Account. Such documentation must include the following:

- the legal status of the entity;
- authorization by the entity to open the Account or conduct the transaction; and
- authorization by the entity for the signer of the form to open the Account or conduct the transaction.

*The same document may provide substantiation of all three required elements.*

### Approved documents:

The documents set forth below meet these substantiation requirements and must be original or certified documents, dated no more than 60 days prior to receipt by the Plan.

- A corporate by-law extract or corporate resolution certified by an officer of the corporation (other than an individual authorized thereby to act as signer for the corporation's Account), with raised seal if in use by the corporation;
- A certificate signed by the owner of a sole proprietorship;
- A certificate signed by a general partner of a partnership (other than an individual authorized by the certificate to act as signer for the partnership's Account);
- A certificate signed by an officer of a limited liability company, other company or association (other than an individual authorized by the certificate to act as signer for the Account of the limited liability company, other company or association);

Continued on the next page.

- A certificate signed by the chief executive officer of a state or local government agency;
- A certified copy of a court order establishing an estate and naming a legal representative of the estate that is authorized to act as a signer of the Account of the estate;
- A certificate signed by the trustee of a trust, a court order, or a certified copy of the portion(s) of a trust instrument, that confirms the creation of the trust and the identity of the trustee, and provides authorization for the trustee to act as a signer for the Account of the trust;
- A letter or memorandum from the Internal Revenue Service indicating that the entity is an organization described in Section 501(c)(3) of the Internal Revenue Code;
- An original memorandum exhibiting the appropriate letterhead and containing the holographic signature of any one of the following: (a) the chief executive officer of a corporation or limited liability company; (b) the general partner of a partnership; (c) the owner of a sole proprietorship; or (d) the chief executive officer of a state or local government agency.

**If the Entity Participant/Account Owner is unable to provide substantiation in any of the foregoing forms:** The Entity Participant/Account Owner may propose an alternate form of substantiation to the Program Administrator designee for consideration. The Program Administrator designee must review the alternate form of substantiation for authenticity and completeness and must accept or reject it.

- If judged authentic and complete, the Program Administrator designee must act on the alternate form of substantiation within 30 business days of so determining.
- If judged inauthentic or incomplete, the Program Administrator designee must notify the Participant/Account Owner of the rejection of the alternate form of substantiation and set forth the reason for such determination in writing within 30 business days of so determining.

Please retain a copy of this notice with your records.

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.**



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