Client Connect 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 Connect 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, complete an online **Client Connect Series Account Application** before completing this form. Go to NextGenforME.com
- 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.
- Please note that changes resulting from this form will only be added to your NextGen 529 Client Connect account and no other, such as an Emergency Savings Account.

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 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 $545,000 per Designated Beneficiary maximum contribution amount. Please refer to the **NextGen 529 Client Connect 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).

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 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 Name

__ __ __ __ __ __ __ __ __
Bank Routing Number

____
Bank Account Number

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

⑆000000000⑆ 00000000000⑈ 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 up to two business days prior to the contribution day.

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 Northern Lights Distributors, LLC is the Connect Series distributor.

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

Vestwell

Program Manager

FAME
FINANCE AUTHORITY OF MAINE

Program Administrator

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