

New York's 529 College Savings Program *Direct Plan*  
**Authorization to Access 529 Plan Accounts**



- Complete this form to designate a registered investment advisor or other financial consultant as your agent ("an Agent") with limited authority to obtain information regarding your account(s) in New York's 529 College Savings Program *Direct Plan*.
- Please note: We are facilitating this access as a convenience to our customers. We have not reviewed the qualifications or professional licensing of your agent or any advice your agent may provide.
- We will use a third-party data service provider to assist your agent with accessing information regarding your account(s). This provider will be contractually obligated to protect the security and confidentiality of the data.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our Web site at [www.nysaves.org](http://www.nysaves.org). Or you can call us toll-free to order any form—or get assistance in filling out this one—at **1-877-NYSAVES** (1-877-697-2837) on business days from 8 a.m. to 9 p.m., Eastern time. Return this form and any other required documents in the enclosed postage-paid envelope, or mail to: **New York's 529 College Savings Program *Direct Plan*, P.O. Box 55440, Boston, MA 02205-8323**. For overnight delivery or registered mail, send to: **New York's 529 College Savings Program *Direct Plan*, 95 Wells Avenue, Suite 155, Newton, MA 02459-3204**.

**1. Account Owner Information**

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

Account Number *(List all that apply. To list more than three accounts, use a separate sheet.)*

  
  



**Name of Account Owner** *(first, middle initial, last)*

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Daytime Telephone Number

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Evening Telephone Number

**2. Agent Information**

**Name of Agent** *(first, middle initial, last)*

**Agent Firm Name** *(if applicable)*

Agent ID Number *(if applicable)*

Agent Branch Number

Mailing Address

City

State

Zip

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Daytime Telephone Number



### 3. Authorization and Indemnification

I, the Account Owner listed in **Section 1**, appoint the Agent listed in **Section 2**, as my Agent for the limited purpose of obtaining information about my account and receiving duplicate account statements from New York's 529 College Savings Program *Direct Plan*. The Agent identified in **Section 2** shall have no authority to take any action with respect to my account except as specifically stated in the foregoing sentence.

I understand that, by signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, Inc., and its affiliates, on behalf of the New York's 529 College Savings Program *Direct Plan*, to provide my Agent with information regarding my account and with duplicate account statements. I agree to hold harmless New York's 529 College Savings Program *Direct Plan*, The State of New York, Ascensus Broker Dealer Services, Inc., the plan officials (*as defined in the Disclosure Booklet*), and their respective agents, employees, and affiliates from any losses I incur as a result of the acts or omissions of my Agent.

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**Signature of Account Owner**

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Date (month, day, year)