



NextGen College Investing Plan[®]
*Merrill Lynch Automated Funding Service Enrollment/
 Change Authorization Form*

Complete this form to enroll in the Merrill Lynch Automated Funding Service (AFS) or to change your current AFS amount for an existing NextGen College Investing Plan Account (NextGen Account). Return it together with a voided check from your checking account or a bank letter (see Section 2). 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.

1. NextGen Account Information

Participant Name (Last/First/M.I.) _____

NextGen Account Number. _____

This is a: New instruction Change Termination

Social Security Number _____

2. Automated Funding Service (AFS)

You can make regular contributions to your NextGen Account by enrolling in AFS. For Participants electing to have contributions invested in more than one Portfolio, the minimum initial and subsequent investment is \$25 per Portfolio. Debits from the account will begin on the date specified below and will occur on the same day of the month thereafter. Requests to establish automated contributions must be received at least 10 business days before the specified beginning date in order for contributions to begin in the following month. If the day of the month you specify is a Saturday, Sunday or holiday, the debit will occur on the prior business day. Refer to the NextGen College Investing Plan Program Description for details concerning AFS. **Please Note: If the account indicated below does not have the exact name (and Social Security No.) as it appears in Section 1 of this form, additional documentation may be required.**

- (a) **AFS from an outside financial institution.** Indicate the appropriate type of account:
 - Checking** **Note:** Please enclose either a voided check with your name and address pre-printed on it or a letter of authorization from your financial institution on its letterhead that is signed by an officer of the institution and includes your account title, type of account (checking, savings or other), account number, institution's ABA routing/transit number and your Taxpayer Identification Number (TIN).
 - Savings**
 - Other**
- (b) **AFS from a Merrill Lynch account.**
 For existing Merrill Lynch clients only:
 Please indicate your Merrill Lynch account number:

YOUR NAME AND ADDRESS	123
	<small>12 - 34 567</small>
PAY TO THE ORDER OF _____	\$ _____
	DOLLARS
SAMPLE VOID	
BANK NAME AND ADDRESS _____	
MEMO _____	
:123456789: 345678: 1011	

**TAPE
 PRE-PRINTED
 VOIDED
 CHECK HERE**

3. Funding Frequency and Amount

- Monthly (\$50 minimum - 12 contributions per year) Semiannually (\$300 minimum - 2 contributions per year)
 Quarterly (\$150 minimum - 4 contributions per year) Annually (\$600 minimum - 1 contribution per year)

Dollar amount of contributions: \$ _____ Begin contributions effective (day/month/year): ____ / ____ / ____

You may not use the Automated Funding Service to make rollover contributions. Automated funding will be rejected if the contribution will cause the account balance to exceed the NextGen plan's maximum contribution amount.

4. AFS Agreement and Signature

By signing this Merrill Lynch Automated Funding Service Enrollment/Change Authorization Form, you hereby authorize Merrill Lynch to debit the account indicated in the dollar amount and frequency specified and to contribute such funds to the NextGen College Investing Plan account designated.

You authorize the financial institution holding the account to be debited to accept Automated Clearing House debits to your account without responsibility for the correctness thereof. You further agree that Merrill Lynch will not be liable for any loss, liability, cost or expense for acting upon your written instructions, except to the extent required by applicable law.

This authorization will remain in full force and effect until Merrill Lynch has received notification from you of its change or termination. Either you or Merrill Lynch may terminate this authorization at any time. Any termination will become effective as soon as Merrill Lynch has had a reasonable amount of time to act on it. If you notify Merrill Lynch verbally, Merrill Lynch may require that you also send written notification.

If I am an individual or entity, other than the Participant, authorizing the automated funding, I acknowledge that I will have no subsequent control over the contributions and that only the Participant may direct transfers, rollovers, investment changes (as permitted under federal law), withdrawals and changes to the Designated Beneficiary.

X _____
Participant Signature (required)

_____ Date

X _____
Joint Account Owner Signature (required if account to be debited is a joint account)

_____ Date

X _____
Contributor Signature (required if contributions are made by a person/entity other than the Participant)

_____ Date

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

For clients serviced by:

Merrill Lynch Financial Advisor

Return to: Address specified on your NextGen Account statement, or contact the Merrill Lynch office servicing your accounts.

Merrill Edge, Maine Distribution Agent/College Plan Services

Return to: Merrill Lynch
P.O. Box 29002
Hot Springs, AR 71903

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Program Administrator

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