



Arkansas Brighter Future Direct Plan Payroll Direct Deposit Form

- Complete this form to start, change, or stop payroll direct deposit instructions on your existing Arkansas Brighter Future Direct Plan account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **www.BrighterFutureDirect529.com**.
- After we process this form, you will receive a Payroll Direct Deposit Confirmation Form, which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **www.BrighterFutureDirect529.com**, or you can call us to order any form – or request assistance in completing this form at **1.800.587.7301** any business day from 9:00 a.m. to 8:00 p.m. ET.

Return this form and any other required documents in the enclosed postage-paid envelope, or mail to:

**Arkansas Brighter Future Direct Plan
P.O. Box 219376
Kansas City, MO 64121-9376**

For overnight delivery or registered mail, send to:

**Arkansas Brighter Future Direct Plan
920 Main Street, Suite 900
Kansas City, MO 64105**

1. Account Owner Information

Account Number

Social Security Number or Taxpayer Identification Number

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

Daytime Telephone Number

Evening Telephone Number

2. Employer Information

Name of Employer

Address

City

State

Zip

Payroll Department Contact Name

Telephone Number

Extension (if any)



3. Payroll Direct Deposit Instructions

Check One. Start Payroll Direct Deposit Change Amount Stop Payroll Direct Deposit (*Skip to Section 4*)

Deduct \$. from my paycheck each pay period and allocate the amount among my Arkansas Brighter Future Direct Plan accounts as detailed below.

Important: You must allocate a minimum of \$5 to each account per pay period. Please use an additional sheet if you have more than four accounts.

—

Account Number

\$.

Dollar Amount

Name of Designated Beneficiary (*first, middle initial, last*)

—

Account Number

\$.

Dollar Amount

Name of Designated Beneficiary (*first, middle initial, last*)

—

Account Number

\$.

Dollar Amount

Name of Designated Beneficiary (*first, middle initial, last*)

—

Account Number

\$.

Dollar Amount

Name of Designated Beneficiary (*first, middle initial, last*)

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent and agree to all the terms and conditions of the Arkansas Brighter Future Direct Plan Program Description and Participation Agreement and understand the rules and regulations governing the Arkansas Brighter Future Direct Plan.

➤

Signature of Account Owner

— —

Date (mm/dd/yyyy)

A plan of regular investments cannot assure a profit or protect against a loss in a declining market.