DC COLLEGE SAVINGS PLAN

DC College Savings Plan

Payroll Direct Deposit Form

- Use this form to start, change, or stop payroll direct deposit instructions on your existing DC College Savings Plan Account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **www.dccollegesavings.com.** *(If you have not established an Account, you must also complete and enclose an **Enrollment Form.**)*
- After this form is processed, 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 processed your signed form.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.

Forms can be downloaded from our website at **www.dccollegesavings.com,** or you can call us to order any form — or request assistance in completing this form — at **1.800.987.4859** any business day from 8 a.m. to 8 p.m. Eastern time.

1.800.987.4859
8 a.m. to 8 p.m. Eastern Time M-F

www.dccollegesavings.com

clientservice@dccollegesavings.com

Regular mailing address:
DC College Savings Plan
P.O. Box 55012
Boston, MA 02205-5012

Overnight mailing address:
DC College Savings Plan
95 Wells Ave, Suite 155
Newton, MA 02459-3204

1. Account Owner information

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Account Number

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

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Telephone Number *(In case we have a question about your Account.)*

2. Employer information

Name of Employer

Address

City | State | Zip Code

Payroll Department Contact Name | Telephone Number | Extension *(if any)*

* DC PAYROLL DEDUCTION *

3. Payroll Direct Deposit instructions

Check one: ☐ Start Payroll Direct Deposits ☐ Change Amount ☐ Stop Payroll Direct Deposits *(Skip to **Section 4**)*

Deduct $ __,___.0 0 from my paycheck each pay period and allocate the amount among my DC College Savings Plan Account(s) as detailed below.

Important: Please use an additional sheet if you have more than four Accounts.

Account Number _________ – __ Dollar Amount $ __,___.0 0

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

Account Number _________ – __ Dollar Amount $ __,___.0 0

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

Account Number _________ – __ Dollar Amount $ __,___.0 0

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

Account Number _________ – __ Dollar Amount $ __,___.0 0

Name of 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 DC College Savings Plan Program Disclosure Booklet and understand the rules and regulations governing the DC College Savings Plan. Further, I understand that neither the DC College Savings Plan, the District of Columbia, Office of the Chief Financial Officer, Office of Finance and Treasury, Ascensus College Savings Recordkeeping Services, or their agents or affiliates are not responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

SIGNATURE

Signature of Account Owner

__ – __ – ____

Date *(mm/dd/yyyy)*