ISave 529™

Payroll Deduction Instruction Form

- Before completing this form, contact your employer's payroll department to verify that you can participate.
- Complete this form to establish, change, or delete payroll deduction instructions on your existing ISave 529 accounts. You may also provide your payroll deduction instructions online at **ISave529.com**.
- After we process this form, you will receive a confirmation statement, which you must sign and submit to your employer's payroll department. Your payroll deduction instructions will not take effect until your employer has accepted your signed confirmation. You can receive this confirmation immediately by accessing your account online.
- Print clearly, preferably in capital letters and black ink.

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

Return this form to:
ISave 529
P.O. Box 219219
Kansas City, MO 64121-9219

For overnight delivery or registered mail, send to:
ISave 529
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

1. Account Owner Information

☐☐☐☐☐☐☐☐☐ – ☐☐ Account Number ***(Required)***

☐☐☐☐ Last Four Digits of Social Security Number, Individual Taxpayer ID Number, or Employer ID Number (EIN) ***(Required)***

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

☐☐☐ – ☐☐☐ – ☐☐☐☐ Daytime Telephone Number

☐☐☐ – ☐☐☐ – ☐☐☐☐ Evening Telephone Number

2. Employer Information

Name of Employer

Mailing Address

City

State

Zip Code

Payroll Department Contact Name

☐☐☐ – ☐☐☐ – ☐☐☐☐ Telephone Number

Extension *(if any)*

State Agency/Department Name *(Employees of the State of Iowa only)*

☐☐☐ – ☐☐☐ – ☐☐☐☐ Work Telephone Number *(Employees of the State of Iowa only)*

REMEMBER TO SIGN IN SECTION 4.

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3. Payroll Deduction Instructions

If your employer submits your payroll deductions by check or electronic bank transfer, your contributions will not be available for withdrawal for ten calendar days.

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

Deduct $ ☐,☐☐☐.0 0 from my paycheck each pay period and allocate the amount among my ISave 529 plan accounts as detailed below.

Important: You must allocate a minimum of $15 to each Account per pay period. 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 received and read the ISave 529 Program Description and Privacy Policies and understand the rules and regulations governing ISave 529 Plan.

➤ SIGNATURE

Signature of Account Owner

Date *(mm-dd-yyyy)*

***Important:** When you stop payroll deductions, you must also contact your employer's payroll department to have them stop deductions as well.

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