CollegeChoice Advisor 529 Savings Plan

Payroll Deduction Form

CollegeChoice**Advisor**
529 SAVINGS PLAN

- Complete this form to start, change, or stop payroll deduction instructions on your existing CollegeChoice Advisor 529 Savings Plan (CollegeChoice Advisor) Account(s). You may also provide your payroll deduction instructions when you log on to our website at **www.collegechoiceadvisor529.com.** *(If you have not established an Account, you must also complete and enclose an **Enrollment Form.**)*
- After we process this form, you will receive a **Payroll Deduction Confirmation Form,** 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 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 below. Do not staple.

Forms can be downloaded from our website at **www.collegechoiceadvisor529.com**, or you can call us to order any form — or request assistance in completing this form — at **1.866.485.9413** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to:

CollegeChoice Advisor 529 Savings Plan
P.O. Box 219354
Kansas City, MO 64121

For overnight delivery or registered mail, send to:

CollegeChoice Advisor 529 Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

☐☐☐☐☐☐☐☐☐☐ – ☐☐ Account Number

☐☐☐ – ☐☐ – ☐☐☐☐ Social Security Number or Taxpayer Identification Number ***(Required)***

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

☐☐☐ – ☐☐☐ – ☐☐☐☐ Telephone Number

2. Employer information

Name of Employer

Address

City | State | Zip Code

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

* I N A D V P A Y R O L L *

3. Payroll deduction instructions

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 CollegeChoice Advisor Accounts as detailed below.

Important: You must allocate a minimum of $25 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 read and understand, consent, and agree to all the terms and conditions of the CollegeChoice Advisor 529 Savings Plan Disclosure Statement and understand the rules and regulations governing CollegeChoice Advisor.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)* ☐☐ – ☐☐ – ☐☐☐☐

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