Indiana529 Advisor Savings Plan Payroll Deduction Form

Indiana529

Advisor Savings Plan

- Complete this form to start, change, or stop payroll deduction instructions on your existing Indiana529 Advisor Savings Plan (Indiana529 Advisor) Account(s). You may also provide your payroll deduction instructions when you log on to our website at www.indiana529advisor.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.indiana529advisor.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. E.T.

Return this form and any other required documents to:For overnight delivery or registered mail, send to:Indiana529 Advisor Savings PlanIndiana529 Advisor Savings PlanP.O. Box 2193541001 E 101st Terrace, Suite 200Kansas City, MO 64121Kansas City, MO 64131

1. Account Owner information Account Number Account Number Social Security Number or Taxpayer Identification Number (Required) Name of Account Owner (first, middle initial, last) Telephone Number Z Employer information Name of Employer



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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 Indiana529 Advisor Savings Plan Disclosure Statement and understand the rules and regulations governing Indiana529 Advisor.

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Signature of Account Owner

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