

CollegeChoice 529 Direct Savings Plan Payroll Deduction Form



- Complete this form to start, change, or stop payroll deduction instructions on your existing CollegeChoice 529 Direct Savings Plan (CollegeChoice 529) Account(s). You may also provide your payroll deduction instructions when you log on to our website at **www.collegechoicedirect.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.collegechoicedirect.com**, or you can call us to order any form— or request assistance in completing this form— at **1.866.485.9415** any business day from 8 a.m. to 8 p.m. Eastern time.

<p>Return this form and any other required documents to: CollegeChoice 529 Direct Savings Plan P.O. Box 219418 Kansas City, MO 64121</p>	<p>For overnight delivery or registered mail, send to: CollegeChoice 529 Direct Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131</p>
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1. Account Owner information

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Account Number

— —

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

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

— —

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)*



