CollegeChoice 529 Direct Savings Plan

Payroll Deduction Form

CollegeChoice 529 DIRECT SAVINGS PLAN

- 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.

Return this form and any other required documents to:
CollegeChoice 529 Direct Savings Plan
P.O. Box 219418
Kansas City, MO 64121

For overnight delivery or registered mail, send to:
CollegeChoice 529 Direct 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 *(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)*

IN DIR PAYROLL

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 529 Accounts as detailed below.

Important: You must allocate a minimum of $10 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 529 Direct Savings Plan Disclosure Statement and understand the rules and regulations governing CollegeChoice 529.

SIGNATURE

Signature of Account Owner

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm/dd/yyyy)*

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