KY Saves 529

Payroll Direct Deposit Form

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- Use this form to start, change, or stop payroll direct deposit instructions on your existing **KY Saves 529** Account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **kysaves.com**. *(If you have not established an Account, you must also complete and enclose an **Enrollment Form**.)*
- After this form is processed, you will receive a **Payroll Direct Deposit Confirmation Form,** which you must sign and submit to your employer's payroll department. Your payroll direct deposit instructions will not take effect until your employer has processed 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 listed. Do not staple.

Forms can be downloaded from our website at **kysaves.com**, or you can call us to order any form — or request assistance in completing this form — at **1.877.598.7878**, Monday through Friday from 8 a.m. to 8 p.m. ET.

1.877.598.7878
Monday to Friday 8 a.m. - 8 p.m. ET

kysaves.com

clientservice@kysaves.com

FAX **1.617.559.8939**

Regular mailing address:
KY Saves 529
P.O. Box 56014
Boston, MA 02205-6014

Overnight mailing address:
KY Saves 529
95 Wells Ave, Suite 155
Newton, MA 02459

1 Account Owner Information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

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)*

* K Y P A Y R O L L *

3 Payroll Direct Deposit Instructions

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

Deduct $ ☐,☐☐☐.0 0 from my paycheck each pay period and allocate the amount among my **KY Saves 529** Accounts as detailed below. *(Accounts established with Payroll Direct Deposit have a minimum investment requirement of $15 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 KY Saves 529 Program Description and understand the rules and regulations governing **KY Saves 529**. Further, I understand that none of **KY Saves 529**, the Commonwealth of Kentucky, Kentucky Higher Education Assistance Authority, and Ascensus College Savings Recordkeeping Services, LLC and its affiliates are responsible for any claims I may make and/or losses resulting from my employer's failure to timely and accurately process my contributions via payroll direct deposit.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

Clear all fields

ascensus®
Always have a plan