

Enable Savings Plan

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your
 existing Enable Savings Plan Account. You may also provide your payroll direct
 deposit instructions when you log on to our website at www.EnableSavings.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 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 listed. Do not staple.

Forms can be downloaded from our website at **www.EnableSavings.com**, or you can call us to order any form—or request assistance in completing this form—at **1.844.362.2534** any business day from 8 a.m. to 8 p.m. Central Time.

844.ENABLE4 (844.362.2534) 8 a.m. to 8 p.m. Central Time M-F
www.EnableSavings.com
≥ clientservices@EnableSavings.com
Regular mailing address:
Enable Savings Plan
PO Box 219187
Kansas City, MO 64121
Overnight mailing address:
Enable Savings Plan
1001 E 101st Terrace, Suite 200
Kansas City, MO 64131

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
	Name of Employer
	Name of Employer Address

Payroll Direct Deposit instructions Check one: Start Payroll Direct Deposits Change the Amount the Account Will Recieve Stop Payroll Direct Deposits (Skip to Section 4) Please note that the dollar amount indicated below need only be an estimate of your intended deposit. You may work with your employer's payroll office to deposit more or less for any given pay period. 0 0 each pay period, allocated among my Enable Savings Plan My payroll direct deposit will be approximately \$ account. If in the future you want to change the amount of your payroll direct deposit, talk to your employer's payroll office. Signature — YOU MUST SIGN BELOW I certify that I have read and understand, consent, and agree to all the terms and conditions of the Enable Savings Plan Program Disclosure Statement and understand the rules and regulations governing the Enable Savings Plan. Further, I understand that neither the Enable Savings Plan, The Nebraska Achieving a Better Life Experience Program Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, nor any of their authorized agents or 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 of Account Owner or Authorized Individual Date (mm/dd/yyyy)



Date (mm/dd/yyyy)

Signature of co-guardian or co-conservator (Only if applicable)