



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.

**Enable Savings Plan**  
1001 E 101st Terrace, Suite 200  
Kansas City, MO 64131

Account Number

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

Telephone Number (In case we have a question about your account.)

Name of Employer

Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension (if any)

\* ENABLE SAVINGS PAYROLL DIR DEF \*

**Check one:**

- ☐ Start Payroll Direct Deposits
  - ☐ Change the Amount the Account Will Receive
  - ☐ 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.

My payroll direct deposit will be approximately \$. each pay period, allocated among my Enable Savings Plan account. *If in the future you want to change the amount of your payroll direct deposit, talk to your employer's payroll office.*

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

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

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)