ENable SAVINGS PLAN

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 30275
Omaha, NE 68103-1375

Overnight mailing address:
Enable Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

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Account Number

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

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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)*

ENABLE SAVINGS PAYROLL DIR DEP

3. 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**)*

My payroll direct deposit will be **$** ☐,☐☐☐.**0 0** 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.*

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 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 First National Bank of Omaha, or their 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

Signature of Account Owner or Authorized Individual

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm/dd/yyyy)*

SIGNATURE

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

☐☐ — ☐☐ — ☐☐☐☐

Date *(mm/dd/yyyy)*

The Nebraska Achieving a Better Life Experience Program Trust, Issuer. Nebraska State Treasurer, Trustee. Nebraska Investment Council, Investment Oversight. First National Bank of Omaha, Program Manager. First National Capital Markets Inc., Distributor, Member FINRA, SIPC. First National Capital Markets and First National Bank of Omaha are affiliates.

NEBRASKA STATE TREASURER, TRUSTEE

First National Bank Omaha

PROGRAM MANAGER