

CollegInvest Direct Portfolio College Savings Plan

Payroll Direct Deposit Form



- Complete this form to establish, change, or delete payroll deduction instructions on your existing Direct Portfolio account. You may also provide your payroll deduction instructions online at www.collegeinvest.org.
- After we process this form, you'll receive a confirmation statement, which you must sign and submit to your employer's payroll department. Your payroll deduction instructions won't take effect until your employer has accepted your signed confirmation. You can receive this confirmation immediately by accessing your account online.
- Contributions made through payroll deduction are after-tax contributions.
- Print clearly, preferably in capital letters and black ink.

You can download forms from our website at www.collegeinvest.org. Or you can call us to order any form at **800-997-4295** Monday through Friday from 6 a.m. to 7 p.m., Mountain time. Return this form in the enclosed postage-paid envelope or mail to: **CollegInvest Direct Portfolio College Savings Plan, P.O. Box 219931, Kansas City, MO 64121-9931**. For overnight delivery or registered mail, send to: **CollegInvest Direct Portfolio College Savings Plan, 1001 E 101st Terrace, Suite 200, Kansas City, MO 64131**.

1. Account Owner Information

Account Number

Last Four Digits of Social Security Number or Individual Taxpayer ID Number

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

 - -

Daytime Telephone Number

 - -

Evening Telephone Number

2. Employer Information

Name of Employer

Mailing Address

City

State

Zip

Payroll Department Contact Name

 - -

Telephone Number

Extension *(if any)*

REMEMBER TO SIGN IN SECTION 4.



CO PAYROLL

3. Payroll Deduction Instructions

If your employer submits your payroll deductions by check or electronically, you won't be able to withdraw your contributions for ten calendar days.

(Check one.)

- Start payroll deductions.
- Change amount.
- Stop payroll deductions. (Skip to **Section 4**.)

Deduct \$ from my paycheck each pay period and allocate the amount among my Direct Portfolio accounts as indicated below.

Important: You must allocate a minimum of \$15 to each account per pay period. Please use an additional sheet if you have more than four accounts.

Account Number	Name of Beneficiary (first, middle initial, last)	Dollar Amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> (\$15 minimum)
<input type="text"/>	<input type="text"/>	\$ <input type="text"/> (\$15 minimum)
Total Amount of Deduction (must equal amount indicated above)		\$ <input type="text"/>

4. Signature—YOU MUST SIGN BELOW

I certify that I have read the CollegenInvest Direct Portfolio College Savings Plan Disclosure Statement and understand the rules and regulations governing the CollegenInvest Direct Portfolio College Savings Plan.

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Signature of Account Owner (If the account owner is a minor, the designated parent or guardian must sign.)

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Date (month, day, year)