

SSgA Upromise 529 Plan Payroll Deduction Form



- Complete this form to start, change, or stop payroll deduction instructions on your existing SSgA Upromise 529 (SSgA Upromise 529) Account(s). You may also provide your payroll deduction instructions when you log on to our website at **www.ssga.upromise529.com**. (If you have not established an Account, you must also complete and enclose an **Account Application**.)
- After we process this form, you will receive a **Payroll Deduction Confirmation Form**, which you must sign and submit to your employer's payroll department. Your payroll deduction 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 below. Do not staple.

Forms can be downloaded from our website at **www.ssga.upromise529.com**, or you can call us to order any form—or request assistance in completing this form—at **1.800.587.7305** any business day from 8 a.m. to 8 p.m. Eastern time.

Return this form and any other required documents to: SSgA Upromise 529 P.O. Box 55578 Boston, MA 02205-5578	For overnight delivery or registered mail, send to: SSgA Upromise 529 95 Wells Ave., Suite 155 Newton, MA 02459-3204
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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)



3. Payroll Deduction instructions

Check one: Start Payroll Deductions Change Amount Stop Payroll Deductions*
(Skip to Section 4)

*Please contact your payroll department to stop all payroll deductions.

Deduct \$ from my paycheck each pay period and allocate the indicated amount(s) among my SSgA Upromise 529 Accounts as detailed 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

\$

Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—

Account Number

\$

Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—

Account Number

\$

Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

—

Account Number

\$

Dollar Amount

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 SSgA Upromise 529 Plan Description and Participation Agreement and understand the rules and regulations governing the SSgA Upromise 529.

SIGNATURE

Signature of Account Owner

— —

Date (mm/dd/yyyy)



SSgA Upromise 529 is Administered by the Board of Trustees of the College Savings Plans of Nevada, chaired by Nevada State Treasurer. Program Management Services are provided by Ascensus Broker Dealer Services, Inc. Member, FINRA, Securities Investor Protection Corporation (SIPC).

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