

(Please Print in Black Ink)

For assistance, please contact your Human Resources Department, or CollegeAccess 529 Plan Investor Services at 866-529-7462, Monday through Thursday, 8:30am – 6:00pm and until 5:00pm on Friday. You can also visit our website at CollegeAccess529.com.

Important Information

This form should be used to authorize your employer to make periodic deductions from your paycheck, change the amount deducted, change how your payroll contributions are allocated among your beneficiaries, and stop payroll deductions to your existing CollegeAccess 529 Plan account. **Please note: To make changes to your account other than those that pertain to payroll deduction, you must complete a Change Form.**

If you are only changing the allocations of your investment options to existing accounts, and this does not require a change in the total dollar amount being deducted from your employer, please complete the CollegeAccess 529 Change Form instead.

If you are establishing a new CollegeAccess 529 Plan account, please also include an Account Application. Confirm with your Human Resources Department that they participate in payroll deduction before completing. **When you have completed the appropriate forms, please submit the paperwork to your Human Resources Department. Please note that by enrolling with your employer's Payroll Deduction Plan, you will qualify to purchase units at net asset value (NAV).**

1. Employee Information

Name	U.S. Social Security Number	
Address	Email Address	
City, State, ZIP Code	Existing Account Number(s)	
<input type="checkbox"/> By checking the preceding box, I authorize the Program Manager to replace any conflicting information and/or add any missing information to my account records, with regard to the address, email address and telephone numbers provided in this section.	Mobile Telephone Number	Evening Telephone Number

2. Employer Information

Company Name	
Address	Telephone Number
City, State, ZIP Code	Contact Name, if applicable

3. Payroll Deduction Instructions

If you wish to change your payroll deduction amount, or add payroll deduction, please complete Steps 1 and 2. You must allocate a minimum of \$50 per portfolio per beneficiary per month. No initial contribution is necessary.

Step 1 – Please tell us the amount you wish to have deducted per paycheck, and how you would like that amount allocated amongst your beneficiaries. For example, if you wish to allocate \$100 to each of your three beneficiaries, please indicate \$100 in the total field next to each named beneficiary and \$300 in the total line at the bottom.

These instructions will override any existing allocation instructions. To that end, if you have existing beneficiary accounts that you wish to continue receiving investments from payroll deductions, you must also include them here:

Beneficiary #1

Full Name of Beneficiary _____ Social Security Number _____ \$ _____
Total Dollar Amount

Beneficiary #2

Full Name of Beneficiary _____ Social Security Number _____ \$ _____
Total Dollar Amount

Beneficiary #3

Full Name of Beneficiary _____ Social Security Number _____ \$ _____
Total Dollar Amount

Beneficiary #4

Full Name of Beneficiary _____ Social Security Number _____ \$ _____
Total Dollar Amount

Total payroll deduction per paycheck. \$ _____

Step 2 – Please tell us how each beneficiary’s contribution should be invested. If you wish to stop an existing payroll deduction, enter “0” in the contribution amount, and check the “Stop” box.

Beneficiary #1

Full Beneficiary Name _____	Existing Account Number _____	OR <input type="checkbox"/> New Account		
<i>Investment Option – Name and Class of Portfolio</i>	<i>Amount to Invest</i>	<i>Add</i>	<i>Change</i>	<i>Stop</i>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary #1 total:		\$ _____		

Beneficiary #2

Full Beneficiary Name _____	Existing Account Number _____	OR <input type="checkbox"/> New Account		
<i>Investment Option – Name and Class of Portfolio</i>	<i>Amount to Invest</i>	<i>Add</i>	<i>Change</i>	<i>Stop</i>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____ %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary #2 total:		\$ _____		

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3. Payroll Deduction Instructions, continued

Beneficiary #3

Full Beneficiary Name	Existing Account Number	OR <input type="checkbox"/> New Account		
<i>Investment Option – Name and Class of Portfolio</i>	<i>Amount to Invest</i>	<i>Add</i>	<i>Change</i>	<i>Stop</i>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary #3 total:		\$ _____		

Beneficiary #4

Full Beneficiary Name	Existing Account Number	OR <input type="checkbox"/> New Account		
<i>Investment Option – Name and Class of Portfolio</i>	<i>Amount to Invest</i>	<i>Add</i>	<i>Change</i>	<i>Stop</i>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beneficiary #4 total:		\$ _____		

4. Signature and Agreement of Account Owner (Employee)

By completing this form and signing below, I hereby request that a Payroll Deduction Plan be established, and do agree, represent and warrant that I have read, understand and agree to the terms and conditions set forth in both the Participation Agreement and the current Plan Disclosure Statement. As Account Owner, I understand that I assume all risks of an investment in the Program, including the potential loss of principal. **I understand that in accordance with applicable state regulations, my/our account balance, if abandoned or unclaimed after a period of time specified by state law, may be transferred to the state if I do not contact the CollegeAccess 529 Plan.**

ACCOUNT OWNER AGREES THAT ANY CLAIM BY ACCOUNT OWNER OR THE DESIGNATED BENEFICIARY AGAINST THE PROGRAM MANAGER, THE COUNCIL, THE STATE OF SOUTH DAKOTA, AND/OR THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND/OR EMPLOYEES OF THE PROGRAM MANAGER, THE COUNCIL AND/OR THE STATE OF SOUTH DAKOTA, MAY SOLELY BE MADE AGAINST THE ASSETS IN ACCOUNT OWNER'S ACCOUNT AND THAT ALL OBLIGATIONS HEREUNDER ARE LEGALLY BINDING CONTRACTUAL OBLIGATIONS OF THE TRUST ONLY. AS A CONDITION OF AND IN CONSIDERATION FOR THE ACCEPTANCE OF THIS AGREEMENT BY THE PROGRAM MANAGER ON BEHALF OF THE COUNCIL, ACCOUNT OWNER AGREES TO WAIVE AND RELEASE THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA, AND EACH OF THE MEMBERS, OFFICERS, AFFILIATES, AGENTS AND EMPLOYEES OF THE PROGRAM MANAGER, THE COUNCIL AND THE STATE OF SOUTH DAKOTA, FROM ANY AND ALL LIABILITIES ARISING IN CONNECTION WITH RIGHTS OR OBLIGATIONS ARISING OUT OF THIS AGREEMENT AND/OR THE ACCOUNT.

Print Name – Employee or Account Owner	Signature – Employee or Account Owner	Date
Print Name – Joint Owner, if applicable	Signature – Joint Owner, if applicable	Date

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NOTICE: The Account is not insured by any state and neither the principal deposited nor any investment return is guaranteed by any state. Furthermore, the accounts are not insured, nor the principal or any investment return guaranteed, by the federal government or any federal agency.

The **CollegeAccess 529 Plan** is issued by the South Dakota Higher Education Savings Trust. The Program Manager and Underwriter for the CollegeAccess 529 Plan is VP Distributors, LLC, One Financial Plaza, Hartford, CT 06103, 800-243-4361.

5. For Employer HR Personnel

This section must be completed before this form can be processed.

Payment and Delivery Options

Please read the "Important Information" section below carefully before proceeding.

- Payment by ACH with delivery by transmission (preferred method)

Note: Bank of New York ABA – 011001234

Account Owner Name – Name of employee

Mellon Account Number – 7780XXXXXXXXX9999

(The Account number is a 17-digit number and must start with 7780, followed by Account Owner's Social Security Number and end with 9999.)

- Payment by wire with delivery by FAX.

- Payment by check with delivery by mail

Important Information:

- All payments made by check or wire, must be accompanied by a list of all plan participants, detailing how each employee's contribution should be allocated.
- For payments by wire, a FAX detailing how each employee's contributions should be allocated must be received on the same day to avoid rejection.
- Prior approval by CollegeAccess 529 is required for payments by ACH so that the appropriate processes can be established to accept ACH transmissions from the employer.

Employer HR Personnel Certification

Human Resources Representative (Print Name)	Telephone Number
Company Name	Location (City & State)
Human Resources Representative, Signature	Date

HR Personnel: Please send the completed form to one of the following:

Regular Mail
CollegeAccess 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail
CollegeAccess 529
Attn: 534436
AIM: 154-0520
500 Ross Street
Pittsburgh, PA 15262

Fax
844-751-0047