

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](http://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 \_\_\_\_\_

Mailing/Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_ Account Number(s) \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_ Mobile Telephone Number \_\_\_\_\_

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.

### 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.

*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 on this form.*

**Step 1** – Please tell us the total amount you wish to have deducted per paycheck. This amount should include the contributions for **ALL** beneficiaries.

Total payroll deduction: \$ \_\_\_\_\_

**Step 2** – Please provide a breakdown in whole percentages of how you would like the payroll deduction broken down and invested. For example, if you have two beneficiaries, and each of the beneficiaries have two portfolios that you would like to invest in, you should provide the beneficiary’s name, account number, names of the investment options and enter 25% on each of the percentage lines.

If you wish to stop an existing payroll deduction, enter “0” in the contribution amount, and check the “Stop” box.

**Beneficiary #1:** \_\_\_\_\_ OR  New Account  
Full Beneficiary Name Existing Account Number

| <i>Investment Option – Name and Class of Portfolio</i> | <i>Percentage of Payroll Deduction to Invest (whole % only)</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 Percentage Totals** \_\_\_\_\_

**Beneficiary #2:** \_\_\_\_\_ OR  New Account  
Full Beneficiary Name Existing Account Number

| <i>Investment Option – Name and Class of Portfolio</i> | <i>Percentage of Payroll Deduction to Invest (whole % only)</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 Percentage Totals** \_\_\_\_\_

**Beneficiary #3:** \_\_\_\_\_ OR  New Account  
Full Beneficiary Name Existing Account Number

| <i>Investment Option – Name and Class of Portfolio</i> | <i>Percentage of Payroll Deduction to Invest (whole % only)</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 Percentage Totals** \_\_\_\_\_

Grand total for **ALL** beneficiaries – must equal **100%** \_\_\_\_\_



**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 – 7780XXXXXXXX9999

(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**

\_\_\_\_\_  
Company Name Location (City & State)

\_\_\_\_\_  
Human Resources Representative (print name) Telephone Number

\_\_\_\_\_  
Human Resources Representative Signature Date

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

**Regular Mail**  
College Access 529  
P.O. Box 534436  
Pittsburgh, PA 15253-4436

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

**Fax**  
844-751-0047