

This form should be used to **authorize your employer to make periodic deductions from your paycheck, change how your payroll contributions are allocated amongst 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 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.**

Terms used in this form, and not otherwise defined herein, shall have the meanings defined in the Plan Disclosure Statement.

By enrolling with your employer’s Payroll Deduction Plan, you qualify to purchase at net asset value (NAV). If you have questions, call your Human Resources Department, or a CollegeAccess 529 Plan Investor Services Representative, toll-free, Monday–Friday, 8:30am–6:00pm Eastern Time, at 866-529-7462.

**PLEASE PRINT**

## 1. Employee Information

### Employee/Account Owner

First Name	Middle Initial	Last Name
Social Security Number		Date of Birth
Account Number(s)		

## 2. Employer Information

Company Name	Telephone Number		
Company Address	City	State	Zip Code

## 3. Payroll Deduction Instructions

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

I wish to have the following dollar amount(s) deducted from my paycheck(s).

- Mid Month: \$ \_\_\_\_\_     End of Month: \$ \_\_\_\_\_

I wish to have the total periodic deduction(s) allocated among the various Portfolios associated with each of my Designated Beneficiaries in the following percentages. The money contributed to each beneficiary will be invested into the Plan based on your current investment instructions.

Beneficiary Name	Social Security Number	Percent
Beneficiary Name	Social Security Number	Percent
Beneficiary Name	Social Security Number	Percent
Beneficiary Name	Social Security Number	Percent
Beneficiary Name	Social Security Number	Percent
		<b>100%</b>
		Total*

\* Allocations must be designated in whole percentages and total 100%.

As outlined in the Plan Disclosure Statement and the Participant Agreement, contributions made through Payroll Deduction will be invested at net asset value (NAV).

You must allocate a minimum of \$50 per portfolio per beneficiary per month. No initial contribution is necessary.

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.

## 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.**

\_\_\_\_\_  
Signature of Employee or Account Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner Signature (if applicable)

\_\_\_\_\_  
Date

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

### For Employer HR Personnel

#### Payment and Delivery Options

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

- Payment by check with delivery by mail
- Payment by wire with delivery by FAX
- Payment by ACH with delivery by transmission

#### 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.
- Contact a CollegeAccess 529 Plan Investor Service Representative, at 866-529-7462 for wiring instructions or to establish payments by ACH and delivery by transmission.

#### Employer HR Personnel Certification

\_\_\_\_\_  
Human Resources Representative (Print Name)

\_\_\_\_\_  
Telephone Number

X

\_\_\_\_\_  
Human Resources Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

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

HR Personnel: Please send completed form(s) to:

- **via U.S. Mail:** CollegeAccess 529, P.O. Box 219337, Kansas City, MO 64121-9337
- **overnight:** CollegeAccess 529, 430 W. 7th Street, Ste. 219337, Kansas City, MO 64105-1407
- **Via FAX:** 816-218-2208

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