



CONNECTICUT'S COLLEGE SAVINGS PROGRAM

Connecticut Higher Education Trust Authorization for Automatic Payroll Deduction

Use this form if you want to authorize deductions from your paycheck to be automatically contributed to your Account(s) or to change a prior authorization. If you are a Connecticut State Employee, please call the toll free number below to request a Connecticut State Employee Payroll Deduction Authorization Form, or visit our Web site at www.abouthet.com. to download the form.

After completing Section I, make a copy for your records, give a copy of the form to your payroll office and send the original form to the Connecticut Higher Education Trust. Please review the reverse side of this form for a checklist on completing the Payroll Deduction Authorization. If you have any questions when completing this form, call us toll-free at 1-888-799-CHET (2438), Monday through Friday, 8 a.m. to 11 p.m. ET.

Check All That Apply:

Establish for the First Time [ ] Change Allocation Among Accounts / Investment Options [ ]

I. TO BE FILLED OUT BY THE EMPLOYEE / ACCOUNT OWNER

First Name, Middle Initial, Last Name, Social Security Number, Employer Name, Employer Payroll Contact Name, Street Address, City, State, Zip Code, Employer Payroll Contact Phone, Effective Date

The minimum amount allocated per pay period per Investment Option is \$15 per Beneficiary.

Amount Per Pay Period \$ [ ] .00

Table with 4 columns: Beneficiary Name, Check if New Investment Option, Investment Option Number or Name, Percentages. Total Allocation: 100.00%

If you need more than 4 spaces, attach a separate sheet of paper listing the additional allocations. All allocations on both pages, when totalled, must equal 100%.

\* Important Note: If your Connecticut Higher Education Trust Account(s) is (are) not already established, you must also attach and submit a completed Participation Agreement. If you want to direct payroll deduction to a new Investment Option in your Account and have not already added that Investment Option to your Account, please complete a new Participation Agreement to add the new Investment Option(s). The Investment Option Account Number appears on each of your Account Confirmation Statements.

Signature of Account Owner, Date

II. EMPLOYER ESTABLISHMENT INSTRUCTIONS

When completing the ACH (Automated Clearing House) electronic transfer, the transmittal must be coded for checking. Please transmit the funds to State Street Bank & Trust Company.

ABA Number

0 1 1 0 0 0 0 2 8

The Account number is a 17-digit field. The first 8 digits are the Connecticut Higher Education Trust DDA Account number. The next 9 digits are the employee's Social Security number without dashes:

DDA Number

Social Security Number

9 9 0 5 3 3 7 3

### Checklist for Account Owner

- Has your employer agreed to offer Payroll Deduction for this Program?
- If you have an Account(s), did you put your **Connecticut Higher Education Trust** Investment Option Account Number on the form? If this is for a new Investment Option for an existing Account, did you check the new Investment Option box and write in the Investment Option name?
- If you do not have an Account, did you attach a Participation Agreement(s)?
- If you wish to direct payroll deduction to a new Investment Option in your Account and have not already added that Investment Option to your Account, did you attach a new completed Participation Agreement?
- Did you list your Employer Name, Employer Payroll Contact Name, Employer Address and Employer Payroll Contact Phone number?
- Do your percentage allocations total 100%? Did you use whole numbers?
- Is your contribution at least \$15 per Investment Option per pay period per Beneficiary?
- Did you sign exactly as your name appears on the Account registration?
- Did you complete and return a copy of this form to your employer's payroll office?

After completing Section I, make a copy for your records, give a copy of the form to your payroll officer and send the original form (and Participation Agreement if applicable) in the enclosed business reply envelope. If you do not have a business reply envelope, use a stamped envelope and send to:

CHET  
P.O. Box 150499  
Hartford, CT 06115-0499

If you have any questions call **1-888-799-CHET (2438)**, Monday through Friday, 8 a.m. to 11 p.m. ET.

### Checklist for Employer

- Did you use the ABA number 011000028?
- Did you use the correct **Connecticut Higher Education Trust** Account number as the first 8 digits of the DDA number - 99053373?
- Did you place the employee's Social Security number on the record directly after the Program Account number as the last 9 digits of the DDA number? Did you remember not to use dashes?
- Did you code the direct deposit for checking (**NOT** savings)?
- Did you check to ensure you are sending a minimum of \$15 per Investment Option per pay period per Beneficiary?

If you have any questions call **1-888-799-CHET (2438)**, Monday through Friday, 8 a.m. to 11 p.m. ET.

**PLEASE NOTE: IT TAKES 10 DAYS FROM THE RECEIPT OF THIS FORM BEFORE A PAYROLL DEDUCTION CONTRIBUTION CAN BE ACCEPTED.**

Investment Management/  
Program Administration by  
TIAA-CREF  
Tuition Financing, Inc.

