CollegeAdvantage Direct 529 Savings Plan **Payroll Deduction Form**

- CollegeAdvantage DIRECT 529 SAVINGS PLAN
- Complete this form to start, change, or stop payroll deduction instructions on your existing CollegeAdvantage Direct 529 Savings Plan (CollegeAdvantage Direct) Account(s). You may also provide your payroll deduction instructions when you log on to our website at www.CollegeAdvantage.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 Payroll Deduction Confirmation Form.
- Payroll deduction will be deposited based on the Future Contribution Allocation Instructions you established for your CollegeAdvantage Direct Account. You can update your Future Contribution Allocation Instructions online or by completing the Annual Exchange/Future Contribution (Allocation) 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.CollegeAdvantage.com**, or you can call us to order any form — or request assistance in completing this form — at **1-800-AFFORD-IT** (233-6734) Monday through Friday from 8:30 a.m. to 6 p.m. Eastern Time.

Return this form and any other required documents to: CollegeAdvantage Direct 529 Savings Plan P.O. Box 219305

P.O. BOX 219305 Kansas City, MO 64121-9305 For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 2534 Madison Avenue, 3rd Floor Kansas City, MO 64108

Account Owner information





|--|

Telephone Number (In case we have a question about your Account.)

2.

Employer information

Name of Employer									
Address									
City City Code City Code City Code City City City City City City City City	-								
Payroll Department Contact Name Telephone Number	Extension (If any)								

1

3. Payroll Deduction instructions

. 0 0 from my part te a minimum of \$25 counts. Your contribut	to each Acc tions will not	ount per pa t be availab	iy period.	Please us			-	antago	e Direc
ounts. Your contribut	tions will not	t be availab				onv of th			
ot available for Fifth	Third 529 Co	ortificator a			or seven (/) bu				I
			of Deposi ⁻	t.					
				:	\$	0	0		
					Dollar Amount				
initial, last)									
				:	Dollar Amount		0		
initial, last)									
				:	Dollar Amount		0		
initial, last)									
				:	Dollar Amount	. 0	0		
		initial, last)	initial, last)			Dollar Amount			

Signature — YOU MUST SIGN BELOW

I hereby authorize payroll deduction. I also reserve the right to revoke this authorization by written notice to the Ohio Tuition Trust Authority. I acknowledge that these instructions replace all previous payroll deduction instructions on file for my CollegeAdvantage Direct Account(s).

SIGNATURE	
Signature of Account Owner	Date (<i>mm/dd/yyyy</i>)



Clear all fields