

NextGen College Investing Plan[®]

Client Direct Series

Payroll Deduction Allocation Form

Please use this form to:

· Initiate new payroll deduction instructions

Change existing payroll allocation percentages between NextGen accounts

Upon this request being processed, the Participant will be sent an Authorization for Payroll Deduction Form, which must be provided to the employer to begin the processing of payroll deductions.

Note: To change the dollar amount of an existing payroll deduction instruction or to cancel an existing payroll deduction instruction, the employer must be contacted.

1. Participant Information

First Name		M.I.	Last Name	Social Security Number		
Street Addr	ess (No P.O. Boxe	es)		() Home Phone	() Business Phone	
City	State	ZIP Code	Country	Name of Employer		
Mailing Add	dress (if different f	from permanent addre	ess)	_		
City	State	ZIP Code	Country	_		

Payroll Deduction Instructions

Type of Instructions: New Payroll Deduction Election Change Existing Allocation Percentage Please note that the minimum deduction per month is \$25 per NextGen account.

NextGen Account Number (not required if you are establishing a new account)	Beneficiary's Name	Percentage of deduction to be allocated to each account (full % only)
-		%
-		%
		%
		%
		%
	Total Allocation	100 %

Total Allocation

Participant/Employee Signature

I hereby authorize to have payroll deduction contributions allocated to the NextGen accounts for the beneficiaries indicated above. I understand that the amounts contributed will be invested in the NextGen portfolios based on the investment allocations for each respective account. I further understand these instructions will continue until I notify Merrill Lynch, as Program Manager, to change these allocations or until the employer is notified to discontinue such payroll deductions.

If I am an individual or entity, other than the Participant, authorizing payroll deductions, I acknowledge that I will have no subsequent control over the contributions and that only the Participant may direct transfers, rollovers, investment changes (as permitted under federal law), withdrawals and changes to the Designated Beneficiary.

Signed

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Participant

Date

Employee's Signature (required if payroll deductions
are made by a person/entity other than the Participant)

Name of Employer

Date

PLEASE FOLLOW THESE MAILING INSTRUCTIONS TO AVOID DELAYS IN PROCESSING

Return to: Merrill Lynch P.O. Box 29002 Hot Springs, AR 71903

Merrill Lynch Use Only Important: Use the IKS functionality to adjust the contribution percentages when NextGen 529 accounts are enrolled in the service. Step Action **To Access Allocation Screens** 1 From within ML Access, type IKS and press Enter. 2 Type the client's Social Security number in the PART SSN field and press Enter. Important: Accounts that were not set up for payroll deduct on IKS will be listed; however, allocation percentages pertain only to those accounts that have been established through IKS. The allocation percentage for an account not established on IKS will be grayed out and its allocation percentage will display as 0%. 3 To Create or Update a Contribution Percentage Click in the Contribution % field and type new percentage. Repeat the process on additional accounts listed. Type U in the Action field and press Enter. **Important:** Contribution percentages must equal 100% and must be in whole percentages. Result: A message will indicate that the update was successful, or that the total contribution percentage does not equal 100% and must be adjusted.

Clients Enrolled in Payroll Deduction prior to August 1, 2003

- Previous payroll deduction arrangements will remain in effect until your client directs their payroll provider to terminate that arrangement.
- If a client decides to enroll in payroll deduct, and also has an existing NextGen College Investing Plan payroll deduction arrangement, the client
 should be made aware that unless they terminate the existing arrangement, there will be two payroll deductions in effect.

Employer Processing Instructions

Please establish Automatic Clearinghouse (ACH) instructions for the dollar amount indicated above using the following information:

Transmittal must be coded for: Checking

Bank Name: Bank of America, N.A.

Transit Routing Number (ABA): 084301767

ACH Account Number: 333+ Account Owner's SSN + 22999

Example: If the Account Owner's SSN is 123456789, the ACH number should be entered as 333 123456789 22999

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Program Administrator