CollegeAdvantage Direct 529 Savings Plan

Payroll Deduction Form



- 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 Kansas City, MO 64121-9305 For overnight delivery or registered mail, send to:

CollegeAdvantage Direct 529 Savings Plan 1001 E 101st Terrace, Suite 200 Kansas City, MO 64131

Account Owner information





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

2.

Employer information

| Name of Employer | | | | |
|---------------------------------|------------------|--------------------|--|--|
| Address | | | | |
| City | State Zip Co | | | |
| Payroll Department Contact Name | Telephone Number | Extension (If any) | | |
| * OH PAYROLL* | | | | |

3. Payroll Deduction instructions

| Check one: Start Payroll Deductions Change Payroll Deduction Amour | nt Stop Payroll Deductions (Skip to Section 4) |
|---|---|
| Deduct \$, 0 0 from my paycheck each pay period and allocate the Accounts as detailed below. | e amount among my CollegeAdvantage Direct |
| Important: You must allocate a minimum of \$25 to each Account per pay period. Please u have more than four (4) Accounts. Your contributions will not be available for withdrawal each contribution. | |
| Note: Payroll deduction is not available for Fifth Third 529 Certificates of Deposit. | |
| Account Number | \$, 0 0 Dollar Amount |
| Name of Beneficiary (first, middle initial, last) | |
| Account Number | \$, 0 0 Dollar Amount |
| Name of Beneficiary (first, middle initial, last) | |
| Account Number | \$ 0 0 Dollar Amount |
| Name of Beneficiary (first, middle initial, last) | |
| Account Number | \$, 0 0 Dollar Amount |
| Name of Beneficiary (first, middle initial, last) | |

4. 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 (mm/dd/yyyy) |

