

Please make sure you mail this form to Edvest prior to submitting a copy to your payroll department, or submitting payroll direct deposit instructions through your employee payroll portal.



Edvest College Savings Plan Payroll Direct Deposit Form

State of Wisconsin Employees

Questions? Call toll-free 1.888.338.3789
Or write to the Plan at P.O. Box 219437
Kansas City, MO 64121-9437

Instructions

- Use this form if you are an employee of the State of Wisconsin to make payroll contributions to your Plan Account(s) for one or more Beneficiaries. For all other account owners, please use the Employee Payroll Direct Deposit Form available at Edvest.com.
- Be sure to open an Edvest account online at Edvest.com or attach an *Account Application* if you are opening a new Plan Account for any Beneficiary listed on this form.
- Be sure to submit this form upon initiating payroll direct deposit, and whenever you are changing the allocation of your contributions (Section 2) among Investment Options and/or Beneficiaries.
- Instructions contained in this form will replace any previous **Payroll Direct Deposit** instructions on file. You must include ALL Investment Options or Beneficiaries on this form even if you are changing the allocation for only one Investment Option or Beneficiary.
- Print in capital letters with blue or black ink. Mail the original to the Plan, along with an *Account Application*, if applicable, to the address indicated above.
- Once this form has been received and accepted (see note below) please proceed to the State of Wisconsin employee payroll portal and insert the following information (refer to the State of Wisconsin Employee Direct Deposit Guide for additional guidance):

Routing Number: 011000028

Account Number: 99058687 + 9-digit State Employee ID Number

Account Type: Checking

- Please note: **It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted. You may want to confirm receipt of this form with Edvest prior to submitting the instructions above.**
- Questions? Or to confirm receipt of this form, call toll-free 1.888.338.3789 (Monday – Friday from 7 a.m. – 7 p.m. CT).

1 Employee Information (The employee must be the Account Owner or the Custodian for a Minor.)

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9-digit State of Wisconsin Employee Identification Number

Employee Name (First, MI, Last, Suffix)

Employee Email Address

State of Wisconsin	
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Employer Name

Name of State Agency

State Agency Mailing Address

City, State, Zip

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Employee Telephone Number

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Employee Social Security or Taxpayer Identification Number

2 Contribution Instructions (You must complete all applicable parts of this section.)

- Check here to establish payroll direct deposit for the first time.

It may take up to 10 days from the receipt of this form before a payroll direct deposit can be accepted.

- Check here to change the allocation of payroll contributions among Investment Options and/or Beneficiaries.

Use one form for all Accounts or call the Plan to make this change.

Note: Please use the State of Wisconsin employee payroll portal to stop or change the amount of your payroll direct deposit.

2 Contribution Instructions (continued)

Amount you will be contributing by direct deposit each pay period (on an after-tax basis):

The minimum contribution is \$15 per Investment Option, per Beneficiary, per pay period.

Contribution Amount per pay period:	\$,				.	0	0
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Tell the Plan how to allocate your contributions among Investment Options and/or Beneficiaries.

Use only one form to contribute to all Account(s) for all Beneficiaries. Attach an additional sheet of paper, if needed.

Beneficiary Name (Provide first and last name.)	Investment Options (Enter Inv. Option code from below)	Check if new Investment Option	Percentage of each contribution			
1.		<input type="checkbox"/> New Option			.	0 0 %
2.		<input type="checkbox"/> New Option			.	0 0 %
3.		<input type="checkbox"/> New Option			.	0 0 %
4.		<input type="checkbox"/> New Option			.	0 0 %
5.		<input type="checkbox"/> New Option			.	0 0 %
6.		<input type="checkbox"/> New Option			.	0 0 %
Total Allocation Per Pay Period			1	0	0	. 0 0 %

3 Account Owner Authorization and Signature (You must sign exactly as your Account is registered.)

By signing below, I certify that I have read the *Plan Disclosure Booklet* and that I understand the terms in it and the *Participation Agreement* contained in the *Plan Disclosure Booklet*.

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Account Owner Signature

Date

Employee Checklist

- ✓ Be sure to include the name and Investment Option selection for **each** Beneficiary listed on this form in Section 2, and that **each** Beneficiary listed has an Edvest account (or you have enclosed an account application(s) along with this form).
- ✓ This form will be rejected by Edvest in its entirety if your total allocation in Section 2 does not equal 100%.
- ✓ Use the list below to select one or more of the following Investment Options for each account you own:

Investment Option Names (Investment Option code)		
Age-Based Option (Age-Based)	Active-Based Moderate Portfolio (3434)	Bond Index Portfolio (3441)
Aggressive Age-Based Option (Agg Age-Based)	Active-Based Conservative Portfolio (3435)	U.S. Equity Active Portfolio (3442)
Index-Based Aggressive Portfolio (3427)	Balanced Portfolio (3437)	Social Choice Portfolio (3444)
Index -Based Moderate Portfolio (3429)	Large-Cap Stock Index Portfolio (3438)	Bank CD Portfolio (3445)
Index-Based Conservative Portfolio (3430)	Small-Cap Index Portfolio (3439)	Principal Plus Interest Portfolio (3446)
Active-Based Aggressive Portfolio (3432)	International Equity Index Portfolio (3440)	

- ✓ The Employee must be the Account Owner of all Account(s). You cannot contribute into an Account owned by your spouse, or by anyone else.
- ✓ **Mail the original copy of this form to the Plan.** It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted.
- ✓ **You may want to confirm receipt of this form with Edvest before you input the payroll direct deposit instructions in the State of Wisconsin employee payroll portal.**

Mail to:
Mail this form to:

Overnight Mail
Edvest College Savings Plan
430 W 7th Street, Suite 219437
Kansas City, MO 64105-1407

Regular Mail
Edvest College Savings Plan
P.O. Box 219437
Kansas City, MO 64121-9437

