

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

<b>State of Wisconsin</b>	
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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.**

