

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
Employee Payroll Direct Deposit Form
Questions? Call toll-free 1.888.338.3789
Or write to the Plan at P.O. Box 219437, Kansas City, MO 64121-9437
Visit www.Edvest.com

Instructions – use this form to:

- Establish payroll contributions via payroll direct deposit to your Edvest Account(s) for the first time.
Change allocation among Beneficiaries and/or Investment Options for existing payroll contributions.

Important: Contact your employer to stop or change the amount of your payroll direct deposits to your Account.

If you have not yet opened an Account, complete and attach an Edvest College Savings Plan Account Application for each Beneficiary, or open an Account online at Edvest.com.

Print clearly in capital letters with blue or black ink.

Mail this original completed Employee Payroll Direct Deposit Form and Edvest Account application(s) (if applicable) to the above Plan address. Give a copy of this Employee Payroll Direct Deposit Form to your employer's payroll department.*

* If you are using your employer's online self-service portal to set-up payroll direct deposit, you do not need to submit a copy of this form to your employer. Follow the routing instructions in the "For Employee" section of this form, and mail this original completed form to the Plan.

It may take up to ten days from the receipt of this form before a Direct Deposit can be accepted. To confirm receipt of this form, please call the Plan.

Note: The Plan can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Program (ACP). Visit Edvest.com or call the Plan for more information.

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

Form fields for Employee Information including Social Security or Taxpayer Identification Number, Employee Name, Employer Name, Employer Contact Name, Employer Mailing Address, City, State, Zip, and Employer Telephone Number.

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

Contribution Instructions section with checkboxes for establishing payroll contributions for the first time and changing allocation among investment options and/or existing beneficiaries.

Note: Please contact your employer to stop or change the amount of your payroll direct deposit.

Amount you will be contributing by direct deposit per 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

2 Contribution Instructions (continued)

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	%
Total Allocation Per Pay Period			1	0	0	. 0 0 %

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)	

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

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into my Edvest College Savings Plan Account(s). I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the Edvest College Savings Plan and its agents to make adjustments to my Account(s) to correct such error.

I understand that my Edvest College Savings Plan Account(s) may not be credited with my payroll contribution until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to my Account(s). This authorization will remain in effect until cancelled by me or by the Edvest College Savings Plan, or upon termination of my employment with my employer.

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Employee Owner Signature (The employee must be the Account Owner)

Date

For Employee

- 1) Mail this form to the Plan and make a copy to retain for your records. Please note it may take up to 10 days from the receipt of this form by the Plan before a payroll contribution can be accepted. To confirm receipt and processing of this form, you may call the Plan at 1.888.338.3789
- 2) Provide a copy of this form to your employer's Payroll Department to initiate contributions by payroll direct deposit.*

OR*

If you are using an employer self-service portal to set-up payroll contributions to the Plan, you do not need to provide a copy of this form to your employer. Please follow these instructions:

Account Type: Select "Checking"

ABA Transit Routing Number for State Street Bank: 011000028

Account Number (17 digits): 99058687 + Employee SSN/TIN (no dashes or spaces)

For Employer

To establish automatic payroll direct deposit to Edvest for any employee, confirm the employee has submitted the original of this form to the Plan. It may take up to 10 days upon receipt of this form by the Plan before a payroll contribution can be accepted. Then use the following instructions to send payroll direct deposits via ACH (Automated Clearing House):

- ✓ Code the account type (i.e., deposit) as "Checking"
- ✓ Transmit the funds to:
 - State Street Bank & Trust Company
 - ABA Transit Routing Number: 011000028
 - 17 Digit Account Number: 99058687 + Employee's SSN/TIN (no dashes or spaces, e.g. 99058687111111111)



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

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

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