CollegeAdvantage Direct 529 Savings Plan

Payroll Deduction Form

OHIO TUITION TRUST AUTHORITY
CollegeAdvantage®
DIRECT 529 SAVINGS PLAN

- 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
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

Account Number

Name of Account Owner *(first, middle initial, last)*

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

2. Employer information

Name of Employer

Address

City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension *(If any)*

OH PAYROLL

3. Payroll Deduction instructions

Check one: ☐ Start Payroll Deductions ☐ Change Payroll Deduction Amount ☐ Stop Payroll Deductions
*(Skip to **Section 4**)*

Deduct $ ☐,☐☐☐.00 from my paycheck each pay period and allocate the amount among my CollegeAdvantage Direct Accounts as detailed below.

Important: You must allocate a minimum of $25 to each Account per pay period. Please use a separate copy of this page if you have more than four (4) Accounts. Your contributions will not be available for withdrawal for seven (7) business days following each contribution.

Note: Payroll deduction is not available for Fifth Third 529 Certificates of Deposit.

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00

Account Number Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00

Account Number Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00

Account Number Dollar Amount

Name of Beneficiary *(first, middle initial, last)*

☐☐☐☐☐☐☐☐☐ — ☐☐ $ ☐,☐☐☐.00

Account Number 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)*

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