

CollegeChoice CD 529 Savings Plan

Payroll Authorization Form

CollegeChoice CD
529 SAVINGS PLAN

Complete this form to authorize your employer to transfer funds each pay period into your CollegeChoice CD 529 Savings Plan (CollegeChoice CD) Account. Return the completed form to the address listed below and we will submit your request to your employer. Please note that some employers do not offer this service. Forms can be downloaded from our website at **www.collegechoicecd.com**, or you can call us to order any form—or request assistance in completing this form—at **1-888-913-2885**, Monday through Friday, from 9 a.m. to 8 p.m. Eastern time. **NOTE:** If you have not established an account, you must complete and enclose an Enrollment Form.

Make checks and electronic transfers payable to: **CollegeChoice CD Plan, CSB as Manager (TRN/ABA #2312-7588-2)**

Return this form and any other required documents to:

CollegeChoice CD 529 Savings Plan
c/o College Savings Bank
PO Box 3769
Princeton, NJ 08543

For overnight or registered mail, send to:
CollegeChoice CD 529 Savings Plan
c/o College Savings Bank
5 Vaughn Drive
Princeton, NJ 08540

1. Account Owner Information

First Name	M.I.	Last Name
Social Security Number or Tax Payer Identification Number (required)		Daytime Phone

**Indiana State Government employees proceed to Section 3.*

2. Non-Indiana State Government Employer Information (To be completed by Employer)

Company Name			
Employer Address	City	State	Zip Code
H.R./Payroll Dept. Contact Name	H.R./Payroll Dept. Email		
Daytime Phone	Deduction Start Date		

**Proceed to Section 4.*

3. Indiana State Government Employer Information (To be completed by Employees of IN State Government)

Check Appropriate Box:

☐ Establish payroll deduction for the first time ☐ Change payroll deduction amount ☐ Stop payroll deduction

Name of Indiana State Government Entity			
Employer Address	City	State	Zip Code

**Proceed to Section 4.*

continue to next page ►

4. Account(s) to Fund (For all new Accounts, the Account Number will be assigned by CollegeChoice CD.)

Automatic payroll deductions require a \$25 minimum investment per pay period.

		\$
Account Number	Beneficiary's Name	Amount (minimum \$25)
		\$
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		\$
Account Number	Beneficiary's Name	Amount (minimum \$25)
		\$
Account Number	Beneficiary's Name	Amount (minimum \$25)

5. Signature (Required for Processing.)

I authorize my employer to transfer the stated amount each pay period into my CollegeChoice CD 529 College Savings Plan Account. This authority will remain in effect until I give written notice to my employer that I want it changed or terminated. If funds to which I am not entitled are deposited into my Account I authorize my employer to direct CollegeChoice CD to return said funds. I certify that I have read and understand, consent and agree to all the terms and conditions of the CollegeChoice CD Disclosure Statement and understand the rules and regulations governing CollegeChoice CD.

Signature of Contributor (**required**)

Date