

COLLEGE SAVINGS PLAN EMPLOYEE PAYROLL DEDUCTION

✓ USE THIS FORM TO:


- Initiate or change existing allocations of payroll deduction contributions to the University of Alaska College Savings Plan (the "Plan"). **Please note that this form is only for use by employees whose payroll deductions are being contributed to the Plan via the Payroll Deduction Portal and does not affect the amount or allocation of any other payroll deductions.**

X DO NOT USE THIS FORM TO:


- Cancel payroll deduction contributions to the Plan. Please contact your employer directly to cancel your payroll deduction.
- Change the dollar amount of payroll deduction contributions to the Plan. Please contact your employer directly to make changes to your payroll deduction amount.

Employees: Provide this form directly to your employer. Your employer will submit the form to the UA College Savings Plan on your behalf.

Employers: Submit the form to the UA College Savings Plan on behalf of your employee. Please note that the employee will not appear in the Payroll Deduction Portal until the form is received and processed. Visit UACollegeSavings.com/employer for information on where to mail or fax the form.

 This paper clip indicates you may need to attach documentation.

1 EMPLOYEE INFORMATION

If you do not currently have an account, please first complete a *New Account Agreement* form or open an account online or via phone. 

Name		Social Security Number	
Mailing Address			
City	State	ZIP Code	
Day Phone		Evening Phone	
E-mail Address			
Employer Name			
Group ID (See your employer for this information)			

2 CONTRIBUTION INSTRUCTIONS

Complete the chart below to reflect the changes or additions you would like to make to your payroll deduction(s) per pay period. There is a \$25 minimum investment requirement per portfolio, per month. Indicate whether you are initiating or changing payroll deductions and provide specific information about the accounts that will be affected in the chart.

Action Requested (check one):

- Initiate—complete the table below and turn this form into your employer.
- Change—complete the table below. The information you provide below will replace any existing allocation information. If you are only changing the dollar amount of your contributions, you only need to contact your employer.

Total Contribution Amount Per Pay Period \$ _____

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Portfolio Name	Account Number
Beneficiary Name	Percentage* %

Total = 100%

***NOTE:** Total percentage must equal 100% and may not include fractional percentages.

3 SIGNATURE(S)

By signing this form, I understand and hereby certify that:

- I will authorize my employer (identified in Section 1) to deduct funds from my salary and forward those funds to the University of Alaska College Savings Plan. Contributions to my University of Alaska College Savings Plan account(s) in accordance with this program will be allocated as instructed in Section 2 of this form. These instructions will remain in full force and effect until the University of Alaska College Savings Plan receives notice from my employer to change or cancel the payroll deduction contributions. This notice must be received in a time and manner that allows the University of Alaska College Savings Plan a reasonable opportunity to process my request.

The signature on this form is genuine of the respective individuals or their legal guardians.

SIGNATURE AND DATE REQUIRED

Name	Date (mm/dd/yyyy)
X	