

COLLEGE SAVINGS PLAN EMPLOYEE PAYROLL DEDUCTION

✓ USE THIS FORM TO:

- Initiate or change existing amounts or allocations of payroll deduction/corporate dividend contributions to the UA College Savings Plan (the "Plan").

✗ DO NOT USE THIS FORM TO:

- Cancel your contributions to the Plan. Please contact your employer/corporation directly.

Employee/Shareholder: Provide this form directly to your employer or corporation who will submit the form to the UA College Savings Plan on your behalf.

Employers/Corporations: Submit the form to the UA College Savings Plan on behalf of your employee/shareholder. Please note that the contributor 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/SHAREHOLDER 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	
Email Address			
Employer/Corporation Name			
Group ID (See your employer/corporation for this information)			

2 CONTRIBUTION INSTRUCTIONS

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

Action Requested (check one):

- Initiate—complete the chart and turn this form into your employer/corporation.
- Change—complete the chart and turn this form into your employer/corporation.
 - Contribution amount—will replace the dollar amount of your contributions.
 - Account allocation—will replace any existing allocation information.

Total Contribution Amount Per Pay Period \$ _____

Employers, please note that if this request only consists of a contribution amount change you do not need to submit a copy of this form to the UA College Savings Plan. Keep this form for your records and change the contribution amount in the portal.

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/corporation (identified in Section 1) to deduct funds from my payroll and/or dividend 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/corporation to change or cancel my 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	