



Kentucky Education Savings Plan Trust Payroll Deduction Form

Use this form to establish or modify Payroll Deduction
Questions? Call toll-free 1-877-598-7878
 P.O. Box 8100, Boston, MA 02266-8100
 Visit www.kysaves.com

Instructions

- Use this form to contribute to your Plan Account(s) for one or more Beneficiaries. Be sure to attach an *Account Application* if you are opening a new Plan Account. Read the *Disclosure Booklet* and the *Employee Checklist* on before completing this form.
- Instructions contained in this form will replace any previous instructions on file. You must include ALL Investment Options or Beneficiaries on this form even if you are changing the allocation for only one Investment Option or Beneficiary.
- Print in capital letters with blue or black ink. Give a copy of this form to your Employer and mail the original to the Plan, along with an *Account Application*, if applicable, at the address indicated above.
- Note:** Payroll contributions will only be accepted via Automated Clearing House (ACH) funds. If your employer cannot submit your payroll contributions via ACH, please consider an Automatic Contribution Program (ACP). Call the Plan or visit www.kysaves.com for information.

1 What would you like to do? *(Check only one box, and then complete all sections of this form.)*

Establish payroll deduction
 Check this box to establish payroll deduction for the first time.

Change allocation
 Check this box to allocate payroll contributions among Options or Beneficiaries. Use one form for all Accounts you own.

Increase/decrease amount
 Contact your employer to change the amount or to stop payroll deduction.
Do not submit this form to the Plan.

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

Employee Social Security or Taxpayer Identification Number

Employee Name (First, MI, Last, Suffix)

Employer Name

Employer Address

Employer City, State, Zip

Employer Contact Name

Employer Contact Telephone Number

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

- ✓ **Tell your employer how much to deduct from your pay each pay period.**
The minimum contribution is \$15 per investment option, per Beneficiary, per pay period.

Contribution Amount per pay period: \$ _____, _____ . 0 0

- ✓ **Tell your employer when to begin these deductions.**
Unless otherwise indicated, your deductions will begin as soon as possible following receipt of all paperwork in good order.

Effective Date (MM/YY): _____ - 2 0 _____

- ✓ **Tell the Plan where to deposit your contributions.**
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 (Fund codes and names appear on the next page.)	Is this a new Option?	Percentage of each contribution
1.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. 0 0 %
2.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. 0 0 %
3.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. 0 0 %
4.		<input type="checkbox"/> Yes or <input type="checkbox"/> No	. 0 0 %
Total Allocation Per Pay Period			1 0 0 . 0 0 %

4 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 *Kentucky Education Savings Plan Trust (KESPT)* 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 Plan and its agents to make adjustments to my Account(s) to correct such error.

I understand that my *KESPT* Account(s) may not be credited with my payroll deduction 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 Plan, or upon termination of my employment with my employer.

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

Date

Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Plan Account(s). Please read it carefully **before** completing this form.

- ✓ Make sure that your employer is willing to direct your payroll deductions into the Plan via Automated Clearing House (ACH) funds. If not, please consider an Automatic Contribution Plan (ACP) to automatically withdraw funds from your bank account for deposit into the Plan. You can add ACP to your Account online or use the *Electronic Banking Information Form*.
- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form. That's how your payroll deduction is remitted to the Plan for deposit into your Account(s).
- ✓ Use one form to allocate your payroll deduction into your Plan Account(s) for one or more Beneficiaries. You may use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. **For example,** you could allocate a \$100 payroll contribution per pay period 50% each into 2 Investment Options (2 x \$50 = \$100). There are other possible allocations but the amount allocated to each Investment Option (for each Beneficiary) may not be less than \$15 per pay period.
- ✓ Your payroll deduction form will be rejected in its entirety if your total allocation does not equal 100% or if the contribution amount for any Investment Option (for any Beneficiary) is less than \$15.
- ✓ Refer to the *Disclosure Booklets*, then select from one or more of the following Investment Options for each Account you own:

Investment Option	Fund Code	Investment Option	Fund Code
Managed Allocation Option	Age based	Balanced Option	2006
Active Equity Option	1970	Fixed Income Option	1971
Equity Index Option	1969	Guaranteed Option	1819

- ✓ The employee must be the Account Owner on all Plan Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your Employer and mail the original to the Plan, along with an *Account Application*, if applicable, at the address indicated below. It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ Use this *Payroll Deduction Form* to change your allocation among Investment Options and/or Beneficiaries at any time. (Note: You must contact your employer to change the amount or to stop payroll deduction.)
- ✓ **Questions?** Visit www.kysaves.com or call toll-free 1-877-598-7878.

Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e., deposit) as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field. The first 8 digits identify the *Kentucky Education Savings Plan Trust*, i.e., DDA account number 99054199, and the next 9 digits identify the employee, i.e., the employee's Social Security Number or Taxpayer Identification Number. Do not use any dashes or spaces.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ **Questions?** Visit www.kysaves.com or call toll-free 1-877-598-7878.

Mail this form to:

Kentucky Education Savings Plan Trust
P.O. Box 8100
Boston, MA 02266-8100

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