

1600 Broadway, Suite 2300 Denver, Colorado 80202

PAYROLL DIRECT DEPOSIT

Use this form to establish, change or delete payroll direct deposit instructions on your existing Stable Value Plus College Savings account. Complete sections 1 and 2. Print and sign the form in section 4 and submit it to your HR, benefits, or payroll representative. Your employer will then initiate or change your payroll deduction. If you have questions, call 1-(800) 448-2424 or email general@collegeinvest.org.

<u>SECTION 1.</u> Employee Information (Please print clearly in capital letters)

STABLE VALUE PLUS ACCOUNT NUMBER	SOCIAL SECURITY NUMBER OR ITIN	
500		
ACCOUNT OWNER'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	

SECTION 2. Payroll Direct Deposit Instructions (Please print clearly in capital letters)

Check one: Chart direct deposit Change amount Stop direct deposit (Skip to SECTION 4)

Deduct \$______ from my paycheck **EACH PAY PERIOD** for contribution to my Stable Value Plus 529 College Savings account.

Please note:

- There is a \$15 minimum.
- If you wish to have your payroll direct deposit contribution divided among more than one beneficiary, you must complete a separate form for each beneficiary.

SECTION 3. Employer Information (Please print clearly in capital letters)

When setting up ACH direct deposit for this employee, please use the following information for your transmittal:

aba number: 011302920 (mellon bank)	
stable value plus account number: 52500500	

Please note: The account number in Section 3 is a 13 digit field. The first 5 digits identify the bank account of CollegeInvest Stable Value Plus College Savings Plan. The last 8 digits are the employee's Stable Value Plus account number.

<u>SECTION 4.</u> Signature You must sign below.

• I certify that I have read the CollegeInvest Stable Value Plus Plan Disclosure Statement and understand the rules and regulations governing the CollegeInvest Stable Value Plus College Savings Plan.

ACCOUNT OWNER'S SIGNATURE

DATE

RETURN THE COMPLETED FORM TO YOUR HR, BENEFITS, OR PAYROLL REPRESENTATIVE.