CollegeCounts
ADVISOR-GUIDED 529 FUND

Payroll Contribution Form

Return This Form to:
CollegeCounts 529 Fund
P.O. Box 85290
Lincoln, NE 68501

Overnight Mail:
CollegeCounts 529 Fund
6811 South 27th Street
Lincoln, NE 68512

If you have questions, please call us at **866.529.2228,** Monday–Friday, 7:30 a.m. to 6 p.m. (Central).

1. I Would Like to Use this Form to:

- ☐ **Start Payroll Contributions**
- ☐ **Change the Contribution Amount**
- ☐ **Stop Payroll Contributions**

Employee Steps

1. Complete all four sections below.
2. Provide your CollegeCounts Account number(s) in Section 4. If you do not have a CollegeCounts Account, please complete an Enrollment Form and mail both forms to CollegeCounts.

Employer Steps

1. Enter this withholding into your payroll system.
2. Fax this form to CollegeCounts at 402.323.1053. Keep a copy of this Form in your files.
3. Begin withholding as directed in Section 4.
4. CollegeCounts will contact you regarding contribution and remittance methods.

2. Account Owner Information

Account Owner Legal Name (First, M.I., Last): _____

Account Owner Street Address (no P.O. Boxes): _____

Account Owner City, State, Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Contributor Name (if different than the CollegeCounts Account Owner): _____

3. Employer Information

Company or Agency Name: _____

Mailing Address: _____

Payroll Contact Name: _____

Payroll Contact Phone Number: _____

Payroll Contact Email Address: _____

4. Payroll Contribution Information

TOTAL Requested Payroll Contribution (per pay period): $ _____

Requested Start Date (check with your employer): _____

I request that the above contribution be deposited into the following CollegeCounts Account(s):

Beneficiary Name	CollegeCounts Account Number	Amount
		$
		$
		$
		$

5. Authorization

I hereby authorize the ongoing payroll contribution as set forth above and acknowledge that this contribution will continue until I notify my employer in writing to change or stop the contribution.

Signature and Date Required

X _____

Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee — Date

_____

Print Name Here

_____

Title (if other than an individual)

Offered by the State of Alabama

Northern Trust Securities, Inc.
Distributor

UBT 529 Services a Division of
UBT Union Bank & Trust
Program Manager