

Use this form to establish payroll contributions to your account(s) via direct deposit. Include all accounts, beneficiaries, and portfolios you wish to fund on this form. To stop or make changes to your existing payroll contributions, please complete and submit a new form.

**Important: Payroll contributions can only be established for an existing account. Do not use this form to setup a Future Scholar 529 Plan account. Please complete and submit this form prior to processing any direct deposit contributions through your company's payroll system.**

Mail the original copy of this form to the following address:

**Regular Mail:**

Future Scholar 529 Plan  
P.O. Box 219812  
Kansas City, MO 64121-9812

**Overnight Mail:**

Future Scholar 529 College Savings Plan  
801 Pennsylvania Ave Street STE 219812  
Kansas City, MO 64105-1307

Send a copy of this form to your employer's payroll office (unless you have access to a self-serve direct deposit system offered through your employer).

If you have questions or need assistance in completing this form, please contact a Future Scholar customer service representative at 1.888.244.5674, Monday through Friday, 8:00 am to 7:00 pm, Eastern time, or reference the **Future Scholar Payroll Direct Deposit Contribution Guide** available on FutureScholar.com.

### I. Employee options:

**Please check one:**

- Establish payroll deduction for the first time
- Change payroll deduction amount/beneficiary allocations
- Discontinue payroll deduction

### II. Account Owner Information

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Primary Account Owner's First name (or entity name)

Middle initial

Last name

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Social Security number or other taxpayer identification number

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Joint Account Owner's First name

Middle initial

Last name

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Mobile Phone Number

Home Phone Number

### III. Payroll Deduction Information

Total payroll deduction amount per pay period (for all beneficiaries). \$ \_\_\_\_\_

### IV. Beneficiary Allocation Selection

I would like all future contributions made by payroll deduction to be allocated as indicated below. All allocations must be in whole percentages. You must provide allocation instructions on this form even if you have stored allocation instructions to your account on FutureScholar.com:

Beneficiary name	Portfolio #	Account #	Portfolio Name	Allocation percentage of total payroll deduction amount per pay period (whole numbers).
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Allocation total must = 100%				_____ %

### V. SIGNATURE

Please note that by signing and submitting this Payroll Deduction form, you are agreeing to the following terms:

- I understand that my employer is responsible for making available the opportunity to make my contributions to Future Scholar 529 Plan through payroll deduction. I understand that by electing to have such option available, my employer will receive certain information regarding my account and my requested contribution amounts.
- I authorize my employer to make payroll deductions for contribution to my Future Scholar account in the amount elected by me on this Payroll Deduction form. In the event that amounts are credited to my account in error and Future Scholar is notified of such error by my employer (or my employer's payroll service provider), I hereby authorize Future Scholar's transfer and servicing agent to return such amounts to my employer (or my employer's payroll service provider).
- I understand that if I make a request to change my contribution amount, such change will not be reflected in my payroll statement until the change has processed through the normal payroll update schedule, typically two to three payroll cycles. I agree to review my account statements and payroll statements promptly for accuracy and to report any errors promptly to Future Scholar and my employer, respectively.
- I understand that completion of this form alone does not initiate payroll contributions from my employer. I acknowledge that I must either provide a copy of these instructions to my employer's payroll department or take action to update my employer's payroll system to initiate payroll contributions.

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Print Name of Account Owner	Signature of Account Owner	Date
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Print Name of Joint Account Owner, if applicable	Signature of Joint Account Owner (required for joint registration)	Date
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Columbia Management Investment Distributors, Inc., member FINRA, is the distributor and underwriter for the Columbia Management Future Scholar 529 Plan. The Office of State Treasurer of South Carolina (the State Treasurer) administers the Program and has selected Columbia Management Investment Advisers, LLC and Columbia Management Investment Distributors, Inc. (Columbia Management) as Program Manager. Columbia Management and its affiliates are responsible for providing certain administrative, record keeping and investment services, and for the marketing of the Program. Columbia Management is not affiliated with the State Treasurer.

## VI. Establishment Instructions

Step 1: Complete and submit this Employee Payroll Contribution Form

Step 2: Initiate your payroll contribution via direct deposit with your employer. When completing the ACH (Automated Clearing House) electronic transfer, the transmittal must be coded as a checking account (DDA)

**Please transmit the funds to:**

State Street Bank and Trust Company

ABA #: 011000028

Account number: 99056905xxxxxxxx

(Where xxx-xx-xxxx is the Employee Future Scholar Account Owner's Social Security number)

### Checklist for the Account Owner (Employee)

- Have you verified that your employer offers payroll contributions with the Future Scholar 529 Plan, or that you have access to a self-serve employer payroll system?
- Do your allocation percentages in Section IV total to 100%? Did you use whole numbers?
- Did you sign Section V exactly as your name appears on the account registration?
- Did you return a copy of this form to your employer's payroll office? If applicable (this may not be necessary if you have access to a self-serve direct deposit system offered through your employer).

Prior to initiating any payroll contributions through your employer, please send this form to:

Future Scholar 529 Plan  
c/o Employee Program Department  
P.O. Box 219812  
Kansas City, MO 64121-9812

If you have any questions, please contact a Future Scholar customer service representative at 1.888.244.5674, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern Time.

