



Minnesota College Savings Plan Payroll Deduction Form

Use this form to establish or modify Payroll Deduction
Questions? Call toll-free 1-877-338-4646
P.O. Box 55134 Boston, MA 02205-5134
Visit www.mnsaves.org

Instructions

- Read the *Disclosure Booklet*, and the *Employee Checklist* on the reverse side, before completing this form.
- Use this form to contribute to your Plan Account(s) for one or more Beneficiaries. You must attach an *Account Application* if you are opening a new Plan Account for any Beneficiary.
- Instructions contained in this form will replace any previous instructions on file. You can obtain additional copies of this form, or any Plan form, by calling the Plan or by visiting www.mnsaves.org and clicking on *Account Forms*.
- Print in capital letters using 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:** The Plan can only accept payroll contributions via Automated Clearing House (ACH) funds. If your employer cannot support ACH, please consider establishing an Automatic Contribution Program (ACP). Visit the web site or call the Plan for more information.

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

- Establish** payroll deduction **Change** my contribution allocation among
Investment Options and/or Beneficiaries

Note: You must contact your employer to change the amount of your contributions or to stop your payroll deductions.

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

0	1	2	-	3	4	-	5	6	7	8									
Employee Social Security or Taxpayer Identification Number																			
J	O	H	N		A		S	A	M	P	L	E							
Employee Name (First, MI, Last, Suffix)																			
A	B	C		C	O	R	P	O	R	A	T	I	O	N					
Employer Name																			
S	U	S	A	N		S	M	I	T	H									
Employer Contact Name																			
5	9	5		N	O	R	T	H	E	R	N		B	L	V	D			
Employer Mailing Address																			
A	N	Y	T	O	W	N		M	N		1	2	3	4	5				
City, State, Zip																			
6	1	2	-	5	5	5	-	9	1	0	0		E	x	t.		1	2	3
Employer 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: \$

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3	0	0	.	0	0
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- 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):

1	2	-	2	0	0	7
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- Tell the Program 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.	Anne M Sample	1918	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<table border="1"><tr><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	2	5	.	0	0	%	
2	5	.	0	0	%						
2.	Anne M Sample	1917	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<table border="1"><tr><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	2	5	.	0	0	%	
2	5	.	0	0	%						
3.	David S Sample	1918	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<table border="1"><tr><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	2	5	.	0	0	%	
2	5	.	0	0	%						
4.	David S Sample	1917	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<table border="1"><tr><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	2	5	.	0	0	%	
2	5	.	0	0	%						
5.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<table border="1"><tr><td></td><td></td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>			.	0	0	%	
		.	0	0	%						
Total Allocation Per Pay Period				<table border="1"><tr><td>1</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td><td>%</td></tr></table>	1	0	0	.	0	0	%
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 *Minnesota College Savings Plan* Account(s). I acknowledge and agree 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 *Minnesota College Savings Plan* and its agents to make adjustments to my Account(s) to correct such errors.

I understand my *Minnesota College Savings Plan* Account(s) may not be credited with my payroll deduction until the funds are received from my employer and 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 *Minnesota College Savings Plan*, or upon termination of my employment with my employer.

John A. Sample

November 1, 2007

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 automatic payroll deductions into the Plan via Automated Clearing House (ACH) funds. If not, you may want to consider an Automatic Contribution Plan (ACP) to authorize systematic withdrawals from your bank account for deposit into the Program. Refer to the *Disclosure Booklet* for more information, then call or visit the Program's web site to obtain an *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. Use an additional sheet of paper, if needed.
- ✓ Be sure that your total allocation equals 100% and verify that the percentage allocation for each Account results in at least \$15 being contributed to each Investment Option (for each Beneficiary). **For example**, a \$100 payroll deduction per pay period could be allocated 50% into 2 Investment Options (2 x \$50 = \$100). There are other allocation choices, of course, but the dollar amount allocated to each Investment Option (for each Beneficiary) must be no less than \$15 each pay period.
- ✓ Your payroll deduction form will be rejected in its entirety if your total allocation for all Investment Options (for all Beneficiaries) does not equal 100% or if the deposit amount for any Investment Option (for any Beneficiary) is less than \$15.
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option Name (Fund Code)	
Managed Allocation Option (Age based)	100% Fixed Income Option (2301)
100% Equity Option (1918)	Money Market Option (2302)
Balanced Option (2300)	Guaranteed Option (1917)

- ✓ The employee must be the Account Owner or the Custodian for a Minor on all Plan Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Sign your name exactly as it appears on your existing Account or on the new *Account Application*, if applicable.
- ✓ Make a copy of this completed form for your employer, and then mail the original form and your new *Account Application*, if applicable, to the Plan at the address 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. You can obtain additional copies of this form, or of any Plan form, by visiting www.mnsaves.org and clicking on *Account Forms*.
- ✓ **Questions?** Visit www.mnsaves.org or call toll-free 1-877-338-4646.

Employer Checklist

This checklist has been developed to help employers 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 Minnesota College Savings Plan, i.e., DDA account number 99054835, 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.mnsaves.org or call toll-free 1-877-338-4646.

Mail this form to:

Overnight Mail

Minnesota College Savings Plan
30 Dan Road
Canton, MA 02021-2809

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134



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Notice of Privacy Policy of the Minnesota College Savings Plan

The following notice provides important information about the reasons that the Minnesota College Savings Plan (the “Plan”) has requested certain information from you on your Application and other forms for the Plan and the way such information will be used by the Plan.

Section 7(b) of the Federal Privacy Act of 1974 (5 U.S.C.A. Section 552a note, Pub Law 93-579 Section 7) requires the State of Minnesota to disclose to you whenever your Social Security Number or Taxpayer Identification Number is requested, whether providing such information is mandatory or voluntary, the statutory or other authority by which the information is solicited, and the uses that the State of Minnesota will make of such information. Accordingly, you are hereby informed that the furnishing of your and your Beneficiary's Social Security Number or Taxpayer Identification Number on an Application and other Plan forms is mandatory in that failure to provide it will prevent participation in the Plan. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number are requested pursuant to legal authority contained in the United States Code, Title 42, Section 405(c)(2) (C)(i); Internal Revenue Code of 1986, Section 6109(a); Proposed Treasury Regulation Section 1.529-4(b)(3)(i) and (c)(2)(i); and Internal Revenue Service Notice 2001-81. Your and your Beneficiary's Social Security Number or Taxpayer Identification Number will be used to verify identity, as an identifier for your Account in the Plan so that all necessary data is accurately recorded, and for federal and state tax administration purposes involving Sections 529(b)(6) and (d) of the Internal Revenue Code of 1986. Your Beneficiary's Social Security Number or Taxpayer Identification Number will also be provided to any Eligible Educational Institution that receives a direct distribution of a payment of Qualified Higher Education Expenses for the Beneficiary, so that the institution can verify your Beneficiary's identity.

Pursuant to Minnesota Statutes, Section 13.02, subdivision 12 and Section 13.04, subdivision 2, you are hereby informed that the information that you supply on an Application, other Plan form, or on the Plan website is defined as private data on individuals and may not be disclosed to third parties without the informed consent of the person to whom it pertains, unless the information is authorized or required to be disclosed by Minnesota law, or other state or federal law. The purpose of requesting the information on the Application, other Plan form, or on the Plan website is to establish and administer a qualified tuition savings Account in the Plan according to the guidelines established under Section 529 of the Internal Revenue Code and by the State of Minnesota in Minnesota Statutes, Section 136G.01, et seq. Failure to provide the information requested on an Application or other Plan form will prevent your participation in the Plan. In order to establish and maintain a qualified tuition savings Account in the Plan for you, the information that you provide on the Application, other Plan form, or on the Plan website may be shared with other public and private individuals and entities for that sole purpose. Neither the Minnesota Higher Education Services Office nor the Minnesota State Board of Investment discriminates on the basis of disability in the admission or access to, or treatment or employment in, their programs or activities.

Mail this form to:

Regular Mail

Minnesota College Savings Plan
P.O. Box 55134
Boston, MA 02205-5134

Overnight Mail

Minnesota College
Savings Plan
30 Dan Road
Canton, MA 02021-2809



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