

**Instructions**

Please complete this form for the following:

- Establish payroll contributions to your account(s).
- Change allocation among beneficiaries and/or investment options.

**Important: Contact your employer to change the amount of your contributions or to stop your payroll deductions.**

If you have not yet opened an account, complete and attach a Minnesota College Savings Plan Account Application for each beneficiary, or open an account online at [mnsaves.org](http://mnsaves.org).

Print clearly in capital letters with blue or black ink.

Mail the original completed form and application(s) (if applicable) to the above Plan address. Give a copy of this Employee Payroll Contribution Form to your payroll department.

If you are using your employer's online self-service portal to set-up contributions, follow the instructions in the "For Employee" section of this form, and mail the original completed form to the Plan. You do not need to submit a copy to your payroll department:

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

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Employee Social Security or Taxpayer Identification Number

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Employee Name (First, MI, Last, Suffix)

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Employer Name

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Employer Contact Name

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Employer Telephone Number

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

<input type="checkbox"/> <b>Check here to establish payroll contributions for the first time.</b> <i>It may take up to 10 days from the receipt of this form before a payroll contribution can be accepted</i>	<input type="checkbox"/> <b>Check here to change allocation percentage of payroll contributions across investment options and/or existing beneficiaries.</b> <i>You may call the Plan to make this change. Use one form for all accounts or call the Plan to make this change.</i>
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**Note: Contact your employer to change the amount of your contributions or to stop your payroll contributions.**

**Total Contribution Amount per pay period**  
**(on an after tax basis):** The minimum contribution is \$15 per investment option, per Beneficiary, per pay period.

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Indicate below the percentage (%) to be allocated each pay period to each account.  
 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 (Enter Fund number from below.)	Check if New Investment Option	Percentage of each contribution			
						%
		<input type="checkbox"/> New Option				%
		<input type="checkbox"/> New Option				%
		<input type="checkbox"/> New Option				%
		<input type="checkbox"/> New Option				%
		<input type="checkbox"/> New Option				%
<b>Total Allocation Per Pay Period</b>			<b>1</b>	<b>0</b>	<b>0</b>	<b>%</b>

Investment Option Names (Fund numbers)	
Managed Allocation Option (Age-based)	International Equity Index Option (2303)
Principal Plus Interest Portfolio (1917)	Aggressive Allocation Option (2295)
US & International Equity Option (1919)	Conservative Allocation Option (2296)
Moderate Allocation Option (2300)	Equity and Interest Accumulation Option (2297)
100% Fixed Income Option (2301)	U.S. Large Cap Equity Option (2298)
Money Market Option (2302)	

### 3 Employee Authorization and Signature

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 contributions 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.

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

Date

#### For Employee

- ✓ Make a copy of this form and retain for your records.
- ✓ Provide a copy of this Form to your Human Resources or Payroll Department to initiate payroll contributions.
- ✓ No need to provide a copy to your employer **if you are using an employer self-service portal to set-up payroll contributions to the Plan. Please follow these instructions:**

Account Type: Select "Checking"  
 Bank Transit/Routing Number: ABA Number 011000028  
 Account Number: 99054835+Employee SSN/TIN (no dashes or spaces)

#### For Employer

To establish automatic payroll contributions for any employee:

- ✓ Send payroll contributions via ACH (Automated Clearing House)
- ✓ Code the account type (i.e., deposit) as "Checking"
- ✓ Transmit the funds to:
  - State Street Bank & Trust Company
  - ABA Number: 011000028
  - 17 Digit Account Number: 99054835+Employee's SSN/TIN (no dashes or spaces, e.g. 9905483511111111)

It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.

**Mail this form to:**

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

