



Oklahoma College Savings Plan Direct Deposit Allocation Form

Questions? Call toll-free 1-877-654-7284

Or write to the Plan at P.O. Box 219249 Kansas City, MO 64121-9249

Visit www.OK4saving.org

Instructions

- Use this form to contribute to your Plan Account(s) for one or more Beneficiaries. Be sure to attach an *Account Application* if you are opening a new Plan Account for any Beneficiary. Read the *Employee Checklist* before completing this form.
- Instructions contained in this form will replace any previous instructions on file. You must include ALL Investment Options or Beneficiaries on this form even if you are changing the allocation for only one Investment Option or Beneficiary.
- Print in capital letters with 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, to 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 for the first time.
Check this box to establish payroll deduction for the first time.

Change allocation
Check this box to reallocate among Options or Beneficiaries. **Use one form for all accounts or call the Plan to make this change.**

Increase/decrease amount
Contact your employer to change the amount or to stop payroll deduction. **Do not submit this form to the Plan.**

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.)

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Employee Social Security or Taxpayer Identification Number

Employee Name (First, MI, Last, Suffix)

Employer Name

Employer Contact Name

Employer Mailing Address

City, State, Zip

Employee E-mail Address

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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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- ✓ **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/YYYY):

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- ✓ **Tell your employer if this is a new or existing payroll deduction plan.**
Your employer may require you to complete a different form to request payroll deduction.

New Plan
 Existing Plan *(change amount)*

Important Information for Employers

Please begin payroll deductions for this employee **only** if your company can remit Automated Clearing House (ACH) funds. If your company cannot support ACH payments, please advise your employee accordingly. Payroll deduction contributions will not be accepted by check. Please refer to the *Employer Checklist* on the reverse for information and remittance instructions.

4 Allocation Instructions *(You must complete all applicable parts of this section.)*

✓ **Tell the Plan 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.

Allocation instructions you provide in this section apply to your payroll deduction contributions only – not to future contributions you may make to this account by check, automatic contribution plan, or any method except payroll deduction contributions.

Beneficiary Name (Provide first and last name.)	Investment Options (See list below.)	Check if new Investment Option ¹	Percentage of each contribution				
1.		<input type="checkbox"/> New Option			. 0 0	%	
2.		<input type="checkbox"/> New Option			. 0 0	%	
3.		<input type="checkbox"/> New Option			. 0 0	%	
4.		<input type="checkbox"/> New Option			. 0 0	%	
Total Allocation Per Pay Period			1	0	0	. 0 0	%

5 Account Owner Authorization and Signature *(You must sign exactly as your Account is registered.)*

By signing below, I certify that I have read the Plan Disclosure Booklet and that I understand the terms in it and the Participation Agreement contained in the Plan Disclosure Booklet.

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Account Owner Signature

Date

Employee Checklist

- ✓ Be sure to include the name and investment option selection for **each** Beneficiary listed on this form in Section 4.
- ✓ Your Direct Deposit form will be rejected by the Oklahoma College Savings Plan in its entirety if your total allocation does not equal 100%.
- ✓ Use the list below to select one or more of the following Investment Options for each Account you own:

Investment Option Names <i>(Option numbers)</i>		
Conservative Managed Allocation Option (Age-Based)	Diversified Equity Option (2241)	Balanced Option (2240)
Moderate Managed Allocation Option (Age-Based)	U.S Equity Index Option (2262)	Fixed Income Option (2242)
Aggressive Managed Allocation Option (Age-Based)	Global Equity Index Option (1953)	Guaranteed Option (1954)

- ✓ The Employee must be the Account Owner of all Account(s). You cannot contribute into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your employer or complete a Direct Deposit form provided by your employer.
- ✓ Mail the original copy of this form to the Plan. It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted from your employer.

Employer Checklist

The following information has been developed to help an employer remit Direct Deposit contributions to the Plan. Please read this Checklist carefully **before** sending funds to the Plan via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e. deposit) as "checking".
- ✓ Remit the Direct Deposit to State Street Bank and Trust (**ABA number: 011000028**)
- ✓ Enter the account number, a **17-digit field** (do not use any dashes or spaces), as follows:
 - > The first 8 digits identify the Plan. (Use the Plan's **8-digit DDA number: 99054868**)
 - > The next 9 digits identify the Employee. Use the Employee's Social Security or Taxpayer Identification Number.
 - > **It may take up to 10 days from the receipt of this form before a Direct Deposit can be accepted.**
- ✓ **Questions?** Call toll-free 1-877-654-7284 (Monday – Friday from 7:00 a.m. – 7:00 p.m. CT).

Mail to:



Overnight Mail

Oklahoma College Savings Plan
430 W 7th Street Suite 219249
Kansas City, MO 64105-1407

Regular Mail

Oklahoma College Savings Plan
P.O. Box 219249
Kansas City, MO 64121-9249

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¹ If a new Investment Option is opened, a different option number will be assigned. You can also use the Additional Contribution by Mail form to contribute by check at any time.