



Instructions

- Complete this form to establish or change a Direct Deposit from your paycheck into your existing MACS(s). **You may also need to complete a separate form, as required by your employer, before your direct deposit can be implemented.**
- Instructions contained in this form will replace any previous instructions on file for the Beneficiary account(s) listed below.
- Print in capital letters with blue or black ink.
- Submit a copy of this form to your employer.
- Mail the original form to: Mississippi Affordable College Savings (MACS), P.O. Box 55037 Boston, MA 02205-5037.
- Forms may be downloaded at www.MS529.com or you may call MACS toll-free at 1-800.486.3670 to order forms, perform certain account transactions, or to get help completing a form.

1 What would you like to do? *(Check only one box.)*

<input type="checkbox"/> Establish Direct Deposit Payroll Deduction	<input type="checkbox"/> Change allocation among Investment Options or Beneficiaries Use one form for all accounts.	<input checked="" type="checkbox"/> Increase/decrease amount Contact your employer to change the amount or to stop payroll deduction. Do not submit this form to MACS.
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2 Employee Information *(The employee must be the Account Owner or the Custodian for a Minor.)*

Employee Social Security or Taxpayer Identification Number	Employee ID Number
Account Owner (Employee) Name (First, MI, Last, Suffix)	
Employer Name	
Employer Address	
Employer City, State, Zip	
Employer Contact Name	
Employer Contact Telephone Number	E x t.

3 Employer 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: \$ _____ , _____ . **0 0**
- ✓ **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): _____ - **2 0**
- ✓ **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
MACS can only accept payroll contributions via Automated Clearing House (ACH) funds. If your company cannot support ACH, please advise your employee accordingly. Payroll deductions will not be accepted by check or other methods of payment. For more information, please refer to the *Employer Checklist* on the next page.

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

✓ **Tell MACS 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.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
2.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
3.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
4.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
5.		<input type="checkbox"/> Yes or <input type="checkbox"/> No			.	0 0 %
Total Allocation Per Pay Period			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 remit Direct Deposits to my MACS Account(s). I understand that the Account(s) will not be credited until the funds are received in good order by the Plan. I acknowledge and agree that 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 Plan and its agents to make adjustments to my Account(s) to correct such error, if requested to do so by the employer. This authorization will remain in effect until cancelled by me or by MACS.

Account Owner (Employee)

Date

Employee Checklist

This checklist has been developed to help employees establish payroll deduction for their Program Account(s). Please read it carefully.

- ✓ Be sure to include your Social Security Number or Taxpayer Identification Number on this form.
- ✓ Use one form to allocate payroll deduction into your MACS Account(s) for one or more Beneficiaries. Use an additional sheet of paper, if needed, as long as the total allocation for all accounts equals 100%. This form will be rejected in its entirety if an allocation is not a whole percentage or if it results in a contribution amount of less than \$15 for any Investment Option (for any Beneficiary).
- ✓ Refer to the *Disclosure Booklet*, then select from one or more of the following Investment Options for each Account you own:

Investment Option Names <i>(Option numbers)</i>		
Managed Allocation Option (Age based)	Diversified Equity Option (1968)	Fixed Income Option (2823)
Guaranteed Option (1967)	Aggressive Allocation Option (2283)	Moderate Allocation Option (2284)
Conservative Allocation Option (2285)		

- ✓ The employee must be the Account Owner on all MACS Account(s). You cannot contribute into an Account owned by anyone else.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted.
- ✓ You must contact your employer to change the amount or to stop payroll deduction. Contact MACS only to change your allocation.
- ✓ **Questions?** Visit www.MS529.com or call toll-free 1-800-486-3670.

Employer Checklist

The following information has been developed to help an employer establish automatic payroll deduction for any employee. Please read it carefully **before** sending funds to MACS on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ Code the account type (i.e. deposit) as "Checking" and transmit funds to State Street Bank & Trust Company (ABA Number 011000028).
- ✓ Enter the employee's account number as a 17-digit field where the first 8 digits identify *Mississippi Affordable College Savings*, i.e. DDA account number 99055279, 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.MS529.com or call toll-free 1-800-486-3670.



Mail this form to:
 Mississippi Affordable College Savings
 P.O. Box 55037
 Boston, MA 02205-5037

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MS.PD 09/2014