

MI 529 Advisor Plan Payroll Direct Deposit Form



- The employee must be the Account Owner or the Custodian for a Minor.
- If you're updating your payroll contribution per pay period, please update through your employer's payroll department or online self-service portal if available.
- If you're changing the amount per beneficiary account, please login to your Account at **mi529advisor.com** to update.
- After this form is processed, you will receive a **Payroll Direct Deposit Confirmation Form**, which you must sign and submit to your employer's payroll department or if your employer offers a self-service portal to set-up payroll direct deposit, you do not need to submit this confirmation to your employer, instead follow the routing instructions provided and enter into the portal. Your payroll direct deposit instructions will not take effect until your employer has processed your signed form or submitted your request through the self-service portal.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed. Do not staple.
- For faster processing, you can complete this request and receive your confirmation with instructions online at **mi529advisor.com**.

To request assistance in completing this form call us at **1.866.529.8818**, Monday through Friday from 8:30 a.m. - 6 p.m. ET.

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www.mi529advisor.com

Regular mailing address:
**MI 529 Advisor Plan
P.O. Box 55847
Boston, MA 02205-5847**

Overnight mailing address:
**MI 529 Advisor Plan
95 Wells Avenue, Suite 155
Newton, MA 02459**

1 Employee Information

Note: The employee must be the Account Owner.

Account Number

Employee Name (First name)

(M.I.)

Employee Name (Last name)

Social Security Number

Employee ID Number (if required by your employer)

Employee Telephone Number (In case we have a question about your Account)

Employee Email Address

Name of Employer

Employer Address

Employer City

State

Zip Code

Payroll Department Contact Name

Telephone Number

Extension (if any)



* MI ADVISOR PAYROLL DIRECT DEPOSIT *

3 Employee (Account Owner) Signature — YOU MUST SIGN BELOW

By signing below, I authorize my employer to remit Direct Payroll Deposits to the above-stated MI 529 Advisor Plan Account(s).

I certify that I have read and understand, consent, and agree to all the terms and conditions of the MI 529 Advisor Plan Description and understand the rules and regulations governing the **MI 529 Advisor Plan**. Further, I understand that none of the MI 529 Advisor Plan, the State of Michigan, the State Treasurer, Michigan Department of Treasury, TIAA-CREF Tuition Financing, Inc., Ascensus College Savings Recordkeeping Services, LLC and its affiliates are responsible for any claims I may make and/or losses resulting from my employer’s failure to timely and accurately process my contributions via payroll direct deposit. This authorization will remain in effect until cancelled by me or by the MI 529 Advisor Plan, or upon termination of my employment.

SIGNATURE

Signature of Account Owner

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Date (mm-dd-yyyy)

Employee Checklist

- Be sure to include your account number(s) for **each** Beneficiary listed on this form in **Section 2**.
- Your Direct Deposit form will be rejected by the MI 529 Advisor Plan in its entirety if your allocation for each Beneficiary does not equal 100%.
- Complete your payroll direct deposit set-up through your employer’s self-service portal or give a copy of the payroll direct deposit confirmation to your employer.
- Mail the original copy of this form to the Plan. It may take up to 10 business days from the receipt of this form before a Direct Deposit can be accepted from your employer.