Path2College 529 Plan  
Payroll Deduction Form

Use this form to establish or modify Payroll Deduction

Questions? Call toll-free 1-877-424-4377  
PO Box 55924, Boston, MA 02205-5924  
Visit www.path2college529.com

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 on the next page 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.
- You can obtain additional copies of this form, or of any Plan form, by calling the Plan or by visiting www.path2college529.com.
- 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 website or call the Plan for more information.

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

- Establish payroll deduction  
  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 Program 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 Program.

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

- Employee Social Security or Taxpayer Identification Number
- Employee Name (First, MI, Last, Suffix)
- Employer Name
- Employer Address
- Employer City, State, Zip
- Employer Contact Name
- Employer Contact Telephone Number

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

The Plan 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. Please refer to the Employer Checklist on the next page.
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.

<table>
<thead>
<tr>
<th>Beneficiary Name</th>
<th>Investment Options</th>
<th>Is this a new Option?</th>
<th>Percentage of each contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Provide first and last name.)</td>
<td>(Fund codes and names appear on the next page.)</td>
<td>□ Yes or □ No</td>
<td>. 0 0 %</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>□ Yes or □ No</td>
<td>. 0 0 %</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>□ Yes or □ No</td>
<td>. 0 0 %</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>□ Yes or □ No</td>
<td>. 0 0 %</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>□ Yes or □ No</td>
<td>. 0 0 %</td>
</tr>
</tbody>
</table>

Total Allocation Per Pay Period 1 0 0 . 0 0 %

5 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 Path2College 529 Plan Account(s). 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 Path2College 529 Plan and its agents to make adjustments to my Account(s) to correct such error.

I understand that my Path2College 529 Plan Account(s) may not be credited with my payroll deduction until the funds are received from my employer and that 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 the Path2College 529 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

Employee Checklist
This checklist has been developed to help employees establish payroll deduction for their Plan 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 your payroll deduction into your Plan 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%. Your payroll deduction 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:

<table>
<thead>
<tr>
<th>Investment Option Name (Fund Type)</th>
<th>Fund Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Allocation Option (Age based)</td>
<td>--</td>
</tr>
<tr>
<td>Aggressive Managed Allocation Option (Age based)</td>
<td>--</td>
</tr>
<tr>
<td>100% Equity Option (Equity)</td>
<td>1213</td>
</tr>
<tr>
<td>Balanced Fund Option (Blended)</td>
<td>1214</td>
</tr>
<tr>
<td>Fixed Income Option (Fixed Income)</td>
<td>1389</td>
</tr>
<tr>
<td>Guaranteed Option (Guaranteed)</td>
<td>1215</td>
</tr>
<tr>
<td>Money Market Option (Capital Preservation)</td>
<td>1390</td>
</tr>
</tbody>
</table>

✓ The employee must be the Account Owner on all Plan 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 the Plan to change the allocation only.

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 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 Path2College 529 Plan, i.e., DDA account number 99055634, 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.

Mail this form to:
Path2College 529 Plan
PO Box 55924
Boston, MA 02205-5924

Program Administration by TIAA-CREF Tuition Financing, Inc.
GA1011.FPD/A12331