

## Important information about this form:

- Fill out this form to set up payroll direct deposit contributions to your DreamAhead College Investment Plan (“the Plan”) account, or to change existing payroll direct deposit contributions. To stop payroll direct deposit contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **Program Details Booklet** found on our website at [wastate529.wa.gov](http://wastate529.wa.gov).
- Please submit a different form for each DreamAhead account you want to make payroll direct deposit contributions to.
- Your DreamAhead account must be open before you submit this form to your Employer and the Plan to start payroll direct deposits.
- Once completed you’ll need to give a copy of this form to your Employer and mail the original to the Plan at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll direct deposits can be accepted. Please keep an additional copy of this form for your records.
- Make sure you use black ink to type or print clearly in capital letters.

## Need help?

Give us a call Monday – Friday  
from 6am – 5pm PT at

**1-844-529-5845**

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

## Mail the form to:

DreamAhead College  
Investment Plan  
PO Box 534421  
Pittsburgh, PA 15253- 4421

## Overnight Mail:

DreamAhead College  
Investment Plan  
Attention: 534421  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

## Fax:

833-286-8313

## 1 Account information

\_\_\_\_\_  
Name of Account Owner (First and last)

\_\_\_\_\_  
Account Owner's Social Security or  
Taxpayer Identification Number

\_\_\_\_\_  
Account number (May be 12 or 13 digits)

## 2 Payroll direct deposit instructions

(Select one)

- Set up payroll direct deposit
- Changing existing payroll direct deposit instructions  
(This will replace any previous payroll direct deposit instructions for this account)

## 3 Employee information

The employee must be the DreamAhead Account Owner or if the account is an UGMA/UTMA, the Custodian for the minor. You cannot contribute payroll direct deposits into an account owned by your spouse, or by anyone else.

\_\_\_\_\_  
Employee ID Number (For Employer use only)

\_\_\_\_\_  
Name of Employee (First and last)

\_\_\_\_\_  
Name of Employer

**Employer address**

\_\_\_\_\_  
Street address 1

\_\_\_\_\_  
Street address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Employer contact name

\_\_\_\_\_  
Employer telephone number

\_\_\_\_\_  
Ext.

## 4 Contribution information

Your employer will deduct the amount indicated below and send to the Plan on your behalf. The contribution instructions you provide in this section apply to your payroll direct deposit contributions only – not to future contributions you may make to this account by check, automatic contribution plan or any method except payroll direct deposit.

For a full list of all the portfolio options, please visit the Plan website or see the **Program Details Booklet** for important information about the investment options before making a decision.

There's a \$5 contribution minimum to each portfolio you select.

Please clearly print the portfolio name, code and amount you'd like to contribute below. Reference the Investment Portfolio Options Appendix at the end of this form for a list of all portfolio names and codes.

_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)
_ _ _ _	_____	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Code</b>	<b>Portfolio name</b>	<b>Amount</b> (per pay period)

_ _ / _ _ / _ _ _ _	\$ _ _ _ _ , _ _ _ _ . _ _ _
<b>Effective date</b> (This is the date the employee wants the employer to begin his/her payroll direct deposits)	<b>Total contribution amount</b> (per pay period)

## 5 Sign the form

By signing below, I authorize my employer to process periodic direct deposits from my paycheck for contribution into my 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 Plan and its agents to make adjustments to my account to correct such error.
- I understand that my Plan account may not be credited with my payroll direct deposit 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.
- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

---

Signature of Account Owner/Custodian

---

Date (mm/dd/yyyy)

## Employee Checklist

**Please read this checklist carefully before completing this form.**

- ✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.
- ✓ Your payroll direct deposit form will be rejected in its entirety if:
  1. you do not provide an account number,
  2. your contribution total is not added correctly, or
  3. the contribution amount for any portfolio is less than \$5.
- ✓ Give a copy of this form to your Employer.
- ✓ **Mail this original form to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll direct deposit contribution can be accepted.
- ✓ You must contact your employer to stop payroll direct deposits .
- ✓ If you have questions, please contact DreamAhead customer service (1-844-529-5845).

## Employer Checklist

The following information has been developed to help you establish automatic payroll direct deposits for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ The employee must provide his/her Plan account number on this form in order to set up payroll direct deposit.
- ✓ Code the account type (i.e., deposit) as “Checking” and transmit the funds to Bank of New York Mellon (ABA Number 011001234).
- ✓ Enter the account number as 740705.
- ✓ If your Payroll System allows, please enter the Individual Name Field with the employee’s Plan account number + Last Name.
  - Example: employee Plan account number 1234567890, Last name Jones = 1234567890 Jones.
- ✓ If your payroll system generates the Account Name field automatically and does not allow for manual update then we will accept the system generated full name.
- ✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll direct deposit can be accepted.
- ✓ If you have questions, please contact customer service (1-844-529-5845).

## Appendix – DreamAhead Investment Portfolio Options

For descriptions and details about all of these portfolio options, please go online to [wastate529.wa.gov](http://wastate529.wa.gov) or see the **Program Details Booklet** for important information including descriptions, details, and risks about the investment options before making a decision.

### Static Portfolios

Code	Portfolio Name
WACCP	Cash Preservation Portfolio
WACIN	Income Portfolio
WACCG	Income & Growth Portfolio
WACBA	Balanced Portfolio
WACMG	Conservative Growth Portfolio
WACGR	Moderate Growth Portfolio
WACAG	Growth Portfolio
WACEC	College Enrolled Conservative
WACEM	College Enrolled Moderate
WACEA	College Enrolled Growth

### Year of Enrollment Portfolios

Conservative		Moderate		Growth	
Code	Year of Enrollment	Code	Year of Enrollment	Code	Year of Enrollment
WAC40	2040	WAM40	2040	WAA40	2040
WAC38	2038	WAM38	2038	WAA38	2038
WAC36	2036	WAM36	2036	WAA36	2036
WAC34	2034	WAM34	2034	WAA34	2034
WAC32	2032	WAM32	2032	WAA32	2032
WAC30	2030	WAM30	2030	WAA30	2030
WAC28	2028	WAM28	2028	WAA28	2028
WAC26	2026	WAM26	2026	WAA26	2026
WAC24	2024	WAM24	2024	WAA24	2024