



# Oregon College Savings Plan Payroll Deduction Form

Use this form to establish or modify Payroll Deduction  
**Questions?** Call toll-free 1-866-772-8464  
 P.O. Box 55914, Boston, MA 02205-5914  
 Visit [OregonCollegeSavings.com](http://OregonCollegeSavings.com)

## Instructions

- Use this form to make payroll deduction contributions to your existing Plan Account(s) for one or more Beneficiaries. Please read the Plan Disclosure Booklet and Participation Agreement (contained in the Disclosure Booklet) and review the Employee Checklist (on page 2 of this form) before completing this form.
- You must have an established account before submitting this form to your employer to start payroll deductions.**
- Print in capital letters with blue or black ink, and be sure to include your account number(s) for each Beneficiary in the space(s) provided. Give a copy of this form to your Employer, and mail the original to the Plan at the address indicated above.
- Instructions contained in this form will replace any previous instructions on file for the Beneficiary account(s) listed below.

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

|  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Establish payroll deduction</b><br>Check this box to establish payroll deduction for the first time. | <input type="checkbox"/> <b>Change allocation</b><br>Check this box to allocate payroll contributions among Portfolios for any Beneficiary account. | <input type="checkbox"/> <b>Increase/decrease amount</b><br>Contact your employer to change the amount or to stop payroll deduction.<br><b>Do not submit this form to the Plan.</b> |
|--|---|---|

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

|   |               |
|---|---------------|
|   |               |
| <i>Employee ID Number (For Employer use only)</i> |               |
|   |               |
| <i>Employee Name (First, MI, Last, Suffix)</i>    |               |
|   |               |
| <i>Employer Name</i>                              |               |
|   |               |
| <i>Employer Address</i>                           |               |
|   |               |
| <i>Employer City, State, Zip</i>                  |               |
|   |               |
| <i>Employer Contact Name</i>                      |               |
|   |               |
|   | <b>E x t.</b> |
| <i>Employer Contact Telephone Number</i>          |               |

## 3 Contribution Instructions *(You must complete all applicable parts of this section.)*

Your employer will deduct the amount indicated below for each Beneficiary and remit to the Plan on your behalf (**\$15 per Investment Portfolio for each Beneficiary**). 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.

| Beneficiary Account 1                 | Investment Portfolio Number | Allocation     |
|---------------------------------------|-----------------------------|----------------|
| <b>Beneficiary Name:</b>              |                             | .00%           |
| <b>Account Number:</b>                |                             | .00%           |
| <b>Amount(per pay period): \$</b> .00 |                             | .00%           |
| <b>Effective Date:</b>                |                             | .00%           |
| <b>TOTAL</b>                          |                             | <b>100.00%</b> |

| Beneficiary Account 2                 | Investment Portfolio Number | Allocation     |
|---------------------------------------|-----------------------------|----------------|
| <b>Beneficiary Name:</b>              |                             | .00%           |
| <b>Account Number:</b>                |                             | .00%           |
| <b>Amount(per pay period): \$</b> .00 |                             | .00%           |
| <b>Effective Date:</b>                |                             | .00%           |
| <b>TOTAL</b>                          |                             | <b>100.00%</b> |

| Beneficiary Account 3          | Investment Portfolio Number | Allocation     |
|--------------------------------|-----------------------------|----------------|
| Beneficiary Name:              |                             | .00%           |
| Account Number:                |                             | .00%           |
| Amount(per pay period): \$ .00 |                             | .00%           |
| Effective Date:                |                             | .00%           |
| <b>TOTAL</b>                   |                             | <b>100.00%</b> |

#### 4 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 *Oregon College Savings 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(s) to correct such error. I understand that my *Oregon College Savings 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 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

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 deduction form will be rejected in its entirety if: 1) you do not provide an account number for each Beneficiary listed on this form, 2) your allocation for each Beneficiary does not equal 100%, or 3) the contribution amount for any Investment Portfolio (for any Beneficiary) is less than \$15.
- ✓ Please refer to the *Disclosure Booklet* and select from one or more of the following Investment Portfolios for each Beneficiary account:

| Investment Portfolio Names <i>(Portfolio Number)</i>   |   |   |
|--|---|---|
| Age-Based Portfolio (age based)<br>Target Allocation Portfolios –<br>Aggressive Portfolio (2806)<br>Moderate Portfolio (2807)<br>Conservative Portfolio (2808) | Diversified US Equity Portfolio (2811)<br>Diversified Intl. Equity Portfolio (2816)<br>Diversified Fixed Income Portfolio (2818)<br>Balanced Index Portfolio (2813)<br>US Equity Index Portfolio (2812) | International Equity Index Portfolio (2815)<br>Social Choice Portfolio (2819)<br>Inflation Linked Bond Portfolio (2817)<br>Fixed Income Index Portfolio (2814)<br>Money Market Portfolio (2810)<br>Principal Plus Interest Portfolio (2809) |

**Note:** If you allocate your initial contribution to the Principal Plus Interest Portfolio, transfers made at a later date from the Principal Plus Interest Portfolio to the Money Market Portfolio will not be permitted.

- ✓ The employee must be the Account Owner on all Plan Account(s). You cannot contribute payroll deductions into an Account owned by your spouse, or by anyone else.
- ✓ Give a copy of this form to your Employer and mail the original to the Plan at the address indicated below. 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. **Questions?** Visit *OregonCollegeSavings.com* or call toll-free 1.866.772.8464.

### Employer Checklist

The following information has been developed to help you 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.

- ✓ The employee must provide his/her account number(s) on this form in order to set up payroll deduction.
- ✓ 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 7 digits identify the *Oregon College Savings Plan*, i.e., DDA account number 9905815, and the next 10 digits identify the employee's account number. Do not use any dashes or spaces [e.g., employee account number 99058151234567890= DDA (9905815) + account number (1234567890)].
- ✓ If an employee indicates more than one Beneficiary account in section 3, you must remit a separate ACH for each Beneficiary, including each Beneficiary's unique account number.
- ✓ It may take up to 10 days from the receipt of this form before a payroll deduction can be accepted. **Questions?** Call toll-free 1.866.772.8464.

**Mail this form to:**  
Oregon College Savings Plan  
P.O. Box 55914  
Boston, MA 02205-5914

OR0913.FPD  
A12122 WEB