TD Ameritrade 529 College Savings Plan

Payroll Direct Deposit

- Use this form to start, change, or stop payroll direct deposit instructions on your existing TD Ameritrade 529 College Savings Plan Account(s). You may also provide your payroll direct deposit instructions when you log on to our website at **www.tdameritrade.com/collegesavings.** *(If you have not established an Account, you must also complete and enclose an **Enrollment Form.**)*
- 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. Your payroll direct deposit instructions will not take effect until your employer has accepted your signed form.
- 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.

Forms can be downloaded from our website at **www.tdameritrade.com/collegesavings,** or you can call us to order any form — or request assistance in completing this form — at **1.877.408.4644** any business day from 8 a.m. to 8 p.m. Central time.

1.877.408.4644
8 a.m. to 8 p.m. Central time M-F

www.tdameritrade.com/collegesavings

tdameritrade@NEST529.com

Regular mailing address:
TD Ameritrade 529 College Savings Plan
P.O. Box 30278
Omaha, NE 68103-1378

New overnight mailing address:
TD Ameritrade 529 College Savings Plan
920 Main Street, Suite 900
Kansas City, MO 64105

1. Account Owner information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

Name of Account Owner *(first, middle initial, last)*

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

2. Employer information

Name of Employer

Address

City | State | Zip Code

Payroll Department Contact Name | Telephone Number | Extension *(if any)*

3. Payroll Direct Deposit instructions

Check one: ☐ Start Payroll Direct Deposits ☐ Change Amount ☐ Stop Payroll Direct Deposits *(Skip to **Section 4**)*

Deduct $ __,___.00 from my paycheck each pay period and allocate the amount among my TD Ameritrade 529 College Savings Plan Accounts as detailed below.

Please use an additional sheet if you have more than four Accounts.

Account Number — Dollar Amount $ __,___.00

Name of Beneficiary *(first, middle initial, last)*

Account Number — Dollar Amount $ __,___.00

Name of Beneficiary *(first, middle initial, last)*

Account Number — Dollar Amount $ __,___.00

Name of Beneficiary *(first, middle initial, last)*

Account Number — Dollar Amount $ __,___.00

Name of Beneficiary *(first, middle initial, last)*

4. Signature — YOU MUST SIGN BELOW

I certify that I have read and understand, consent, and agree to all the terms and conditions of the TD Ameritrade 529 College Savings Plan Program Disclosure Statement and Participation Agreement and understand the rules and regulations governing the TD Ameritrade 529 College Savings Plan. Further, I understand that neither the TD Ameritrade 529 College Savings Plan, the Nebraska Educational Savings Plan Trust, the State of Nebraska, the Nebraska State Treasurer, the Nebraska Investment Council, First National Bank of Omaha, or their agents or affiliates or TD Ameritrade 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.

SIGNATURE

Signature of Account Owner

Date *(mm/dd/yyyy)*

Securities Products: Not FDIC Insured - No Bank Guarantee - May Lose Value

Nebraska Educational Savings Plan Trust, Issuer. First National Capital Markets, Distributor, Member FINRA, SIPC. TD Ameritrade, Inc., sub-administrator. First National Capital Markets and First National Bank of Omaha are affiliates.

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Nebraska State Treasurer, Trustee

First National Bank Omaha

Program Manager