

TD Ameritrade 529 College Savings Plan

Payroll Direct Deposit

Return this Form to:

TD Ameritrade 529
P.O. Box 85529
Lincoln, NE 68501-5529

Overnight Mail:

TD Ameritrade 529
3606 South 48th Street
Lincoln, NE 68506

If you have questions, please call us at **877.408.4644**, Monday–Friday, 7 a.m. to 7 p.m. (CT).

1. I Would Like to Use this Form to:

- Start Payroll Direct Deposit
- Change the Contribution Amount

Employee Steps:

1. Complete all four sections below.
2. Provide your TD Ameritrade 529 College Savings Plan Account number(s) in Section 4. If you do not have a TD Ameritrade 529 College Savings Plan Account, please complete an Enrollment Form and mail both forms to TD Ameritrade 529 College Savings Plan.

Employer Steps:

1. Enter this withholding into your payroll system.
2. Fax this form to the TD Ameritrade 529 College Savings Plan at 402.323.1053. Keep a copy of this form for your files.
3. Begin withholding as directed in Section 4.
4. The TD Ameritrade 529 College Savings Plan will contact you regarding contribution and remittance methods.

2. Account Owner Information

Legal Name (First, M.I., Last): _____

Street Address (no PO Boxes): _____

City, State, Zip: _____

Mobile Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Contributor Name (if different than the TD Ameritrade 529 College Savings Plan Account Owner): _____

3. Employer Information

Company or Agency Name: _____

Mailing Address: _____

Payroll Contact Name: _____

Payroll Contact Phone Number: _____

Payroll Contact Email Address: _____

4. Payroll Direct Deposit Information

TOTAL Requested Payroll Direct Deposit (per pay-period): \$ _____

Requested Start Date (check with your employer): _____

I request that the above deduction be deposited into the following TD Ameritrade 529 College Savings Plan Account(s):

Beneficiary Name	TD Ameritrade 529 College Savings Plan Account Number	Amount
		\$
		\$
		\$
		\$

5. Authorization

I hereby authorize the ongoing payroll direct deposit as set forth above and acknowledge that this deduction will continue until I notify my employer in writing to change or stop the deduction.

Signature and Date Required

X _____
 Signature of Account Owner, Custodian (UGMA/UTMA Accounts), or Trustee Date

 Print Name Here

 Title (if other than an individual)



UBT
 Union Bank & Trust
 Program Manager

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

Nebraska Educational Savings Plan Trust, Issuer. TD Ameritrade, Inc., sub-administrator. TD Ameritrade Investment Management, LLC, portfolio consultant. Union Bank and Trust Company renders certain distribution services to the Plan. TD Ameritrade, Inc. renders certain marketing and administrative services to the TD Ameritrade 529 College Savings Plan. TD Ameritrade Investment Management, LLC renders portfolio consulting services to Union Bank and Trust Company and the Nebraska Investment Council. TD Ameritrade, Inc., member FINRA/SIPC, and TD Ameritrade Investment Management, LLC are subsidiaries of The Charles Schwab Corporation. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and the Toronto-Dominion Bank. All rights reserved. Used with Permission.