



## Section 2: Employer Information (Required)

Company Name \_\_\_\_\_

Group Plan ID (Required: Deductions cannot be processed without this) \_\_\_\_\_

### Payroll Contact Information:

First Name of Payroll Contact \_\_\_\_\_

M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

Payroll Contact's Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Section 3: Payroll Deduction Instructions (Required)

You must have an existing CollegeAdvantage Account to establish payroll deduction using this form. If you wish to **change your payroll deduction amount or add payroll deduction**, please complete the Investment Option boxes below. If you wish to stop an existing payroll deduction, enter the Investment Option codes, enter "0" in the contribution boxes, and check the "Stop" box.

Payroll Deduction can be directed to new Investment Options, however each Account is limited to 5 Investment Options; therefore we recommend you review your allocation with your financial advisor prior to making investment changes.

**Any current payroll deductions on file for an existing Investment Option will not be updated if the option is not listed below.**

### Instructions on Completing This Form

\*First, tell us the total amount you will have deducted per paycheck, and how you would like that amount allocated amongst your beneficiaries. For example, to allocate \$100 each to three beneficiaries per pay check, indicate "\$100" in the total field next to each named beneficiary and "\$300" in the "total" line at the bottom.

Beneficiary #1 \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
Full Name

Beneficiary #2 \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
Full Name

Beneficiary #3 \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_  
Full Name

TOTAL payroll deduction per paycheck (This total must equal the total of all contributions) \$ \_\_\_\_\_

Once this section is completed, move on to the next section to indicate your investments selections for each beneficiary.

**Now tell us how you want each 529 Plan beneficiary's payroll deduction allocated among their Investment Options. Please keep in mind, the minimum payroll deduction amount per pay period per Option is \$25.00.**

### Beneficiary # 1

First Name of the Beneficiary \_\_\_\_\_

M.I. \_\_\_\_\_

Last Name \_\_\_\_\_

BlackRock CollegeAdvantage Account Number \_\_\_\_\_

Social Security Number on Account \_\_\_\_\_

Investment Option	Amount to Invest	Add	Change	Stop
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary #1 Total \$ \_\_\_\_\_

=100%

## Beneficiary # 2

\_\_\_\_\_  
 First Name of the Beneficiary M.I. Last Name

\_\_\_\_\_  
 BlackRock CollegeAdvantage Account Number Social Security Number on Account

Investment Option	Amount to Invest	Add	Change	Stop
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary #2 Total \$ \_\_\_\_\_ =100%

## Beneficiary # 3

\_\_\_\_\_  
 First Name of the Beneficiary M.I. Last Name

\_\_\_\_\_  
 BlackRock CollegeAdvantage Account Number Social Security Number on Account

Investment Option	Amount to Invest	Add	Change	Stop
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary #3 Total \$ \_\_\_\_\_ =100%

## Section 4: Signatures (Required)

I hereby authorize payroll deduction. I also reserve the right to revoke this authorization by written notice to the Ohio Tuition Trust Authority. I acknowledge that these instructions replace all previous payroll deduction instructions on file for the Investment Options listed on this form for my BlackRock CollegeAdvantage account(s).

\_\_\_\_\_  
 Signature of Contributor / Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (month/day/year)

\_\_\_\_\_  
 Signature of Account Owner (if different than Contributor)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date (month/day/year)

**FOR MORE INFORMATION: Call 866-529-8582 or visit [www.blackrock.com/collegeadvantage](http://www.blackrock.com/collegeadvantage)**